Tonight's webinar will begin shortly

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Healthy Australia.

After six years of diabetes check-ups, you notice that pigmentation on her cheek.

You decide to excise the lesion and find early melanoma.

General practice – everything you've trained for and more

become a GP

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GENERAL PRACTICE

HEALTH OF THE NATION

2021

A unique insight into the state of Australian general practice

Visit our website to find out what this year's report reveals:
www.racgp.org.au/hotn

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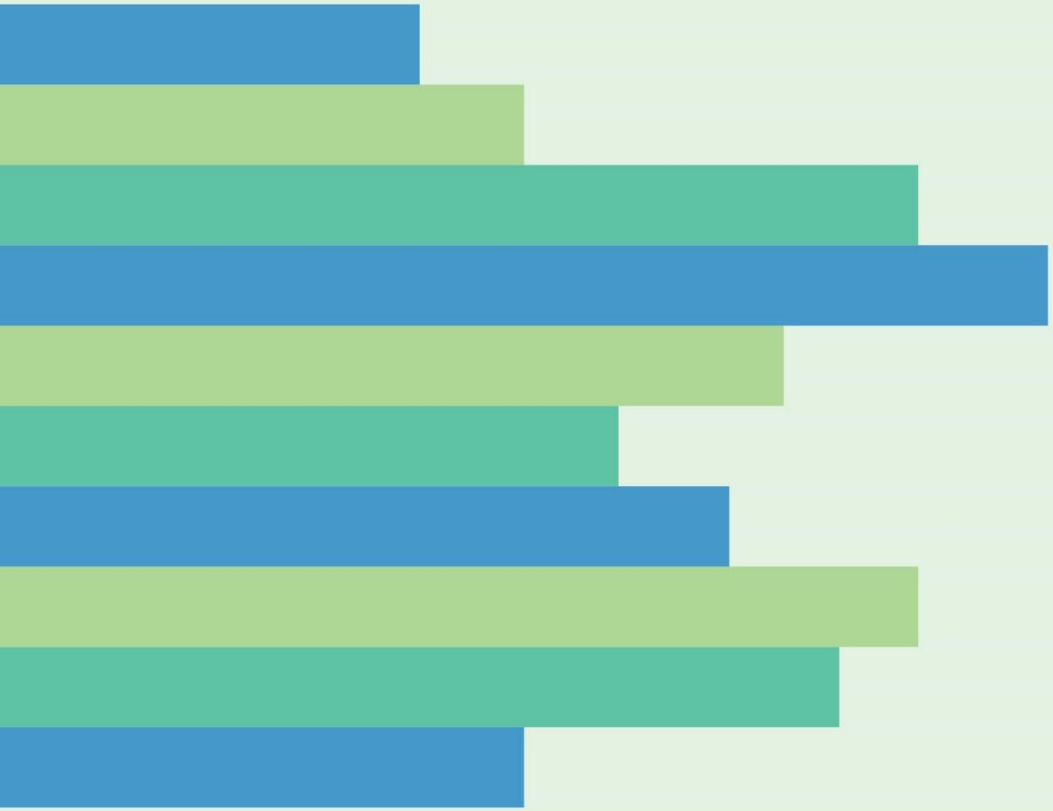

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14–15 May 2022, Hobart

The fourth RACGP Practice Owners National Conference is coming to Hobart and will feature an exciting two-day program full of education, professional development and networking opportunities.

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Alcohol and Other Drugs
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Training GPs to help people tackle alcohol and other drug use

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Supporting effective and culturally safe primary healthcare

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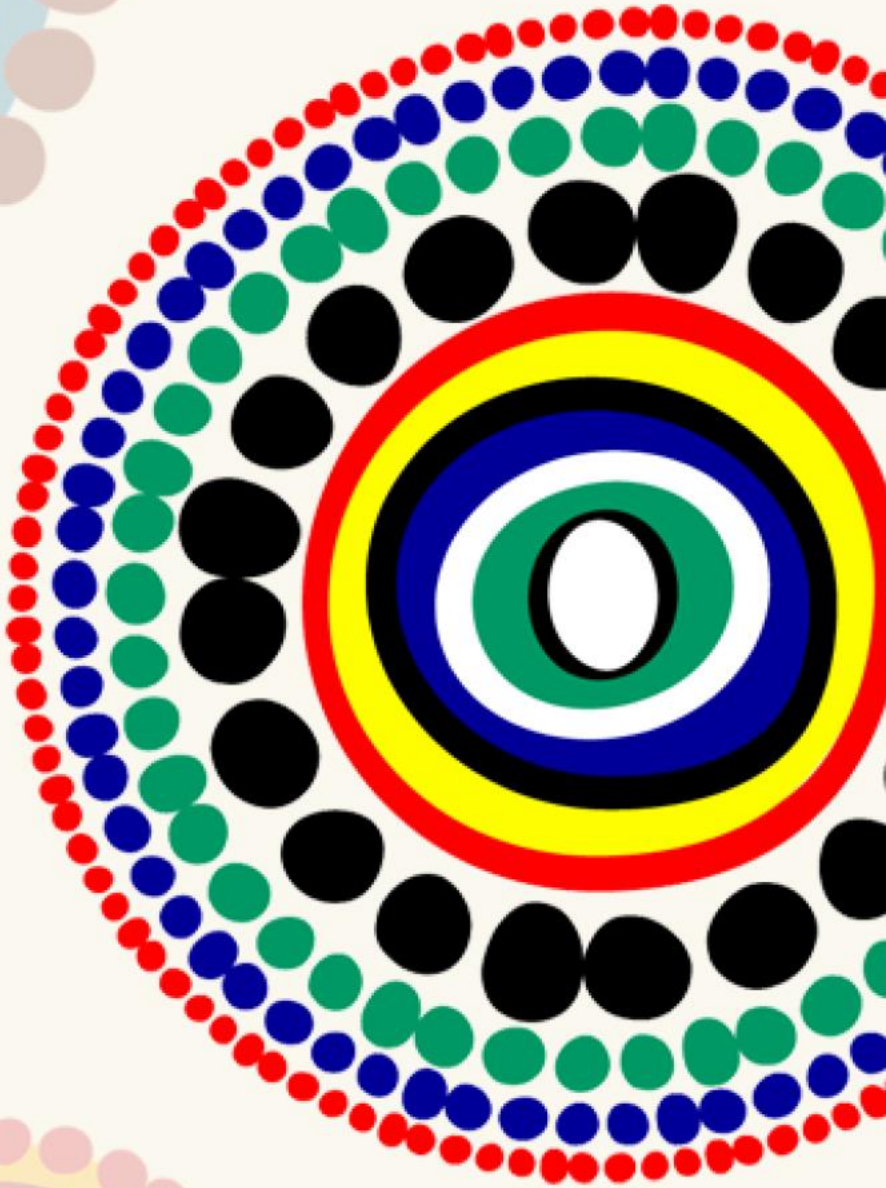

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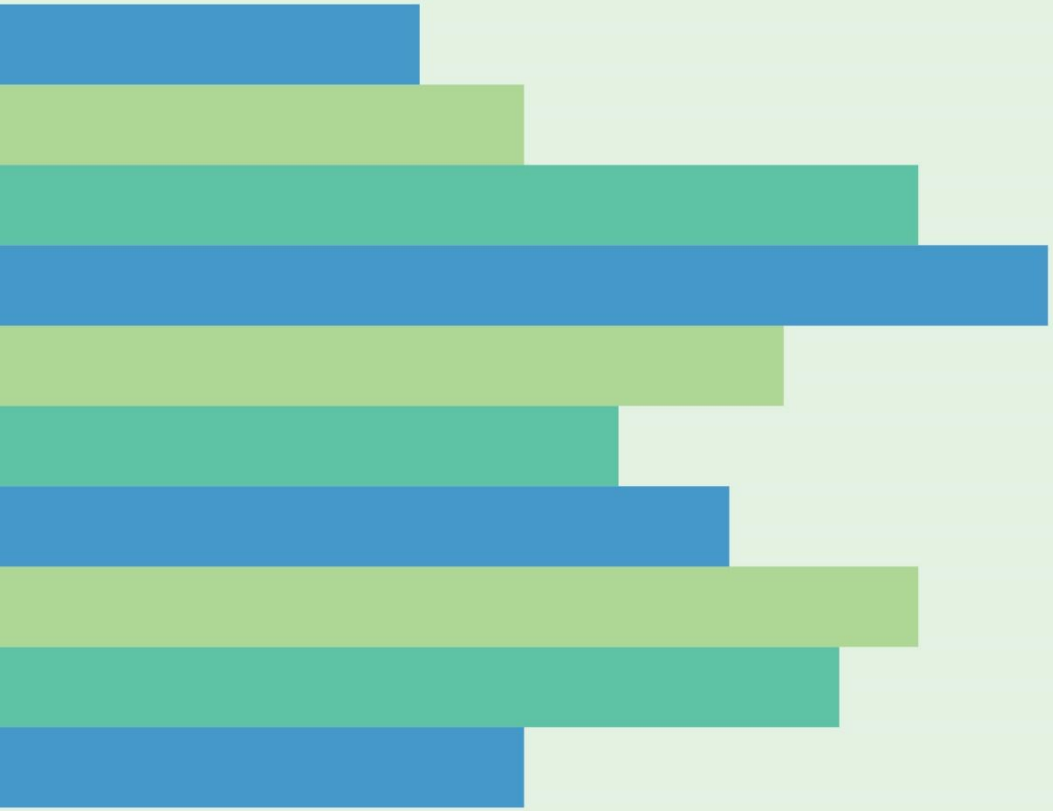

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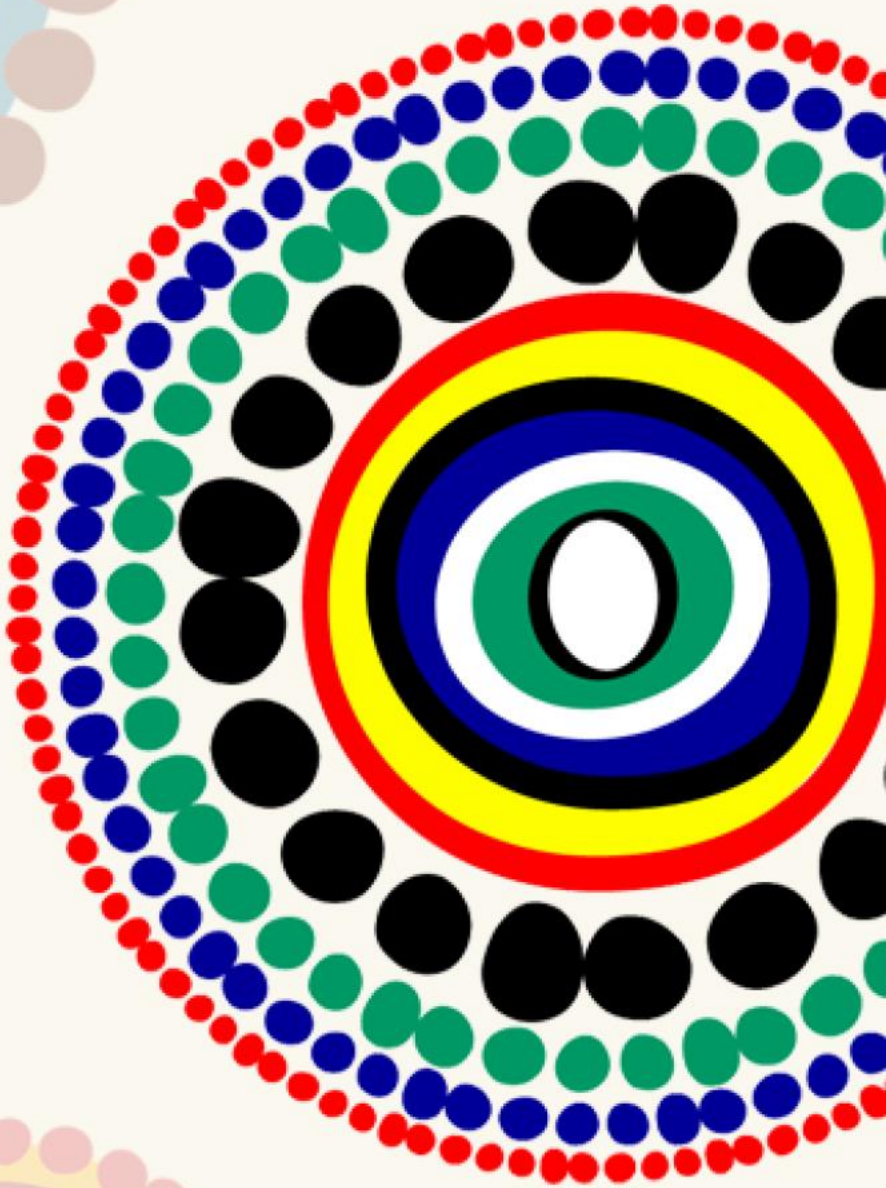

Welcome to tonight's webinar

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Healthy Profession.
Healthy Australia.

Combatting Australia's new syphilis epidemic: The crucial role of GPs

Presented by RACGP Specific Interests Faculty

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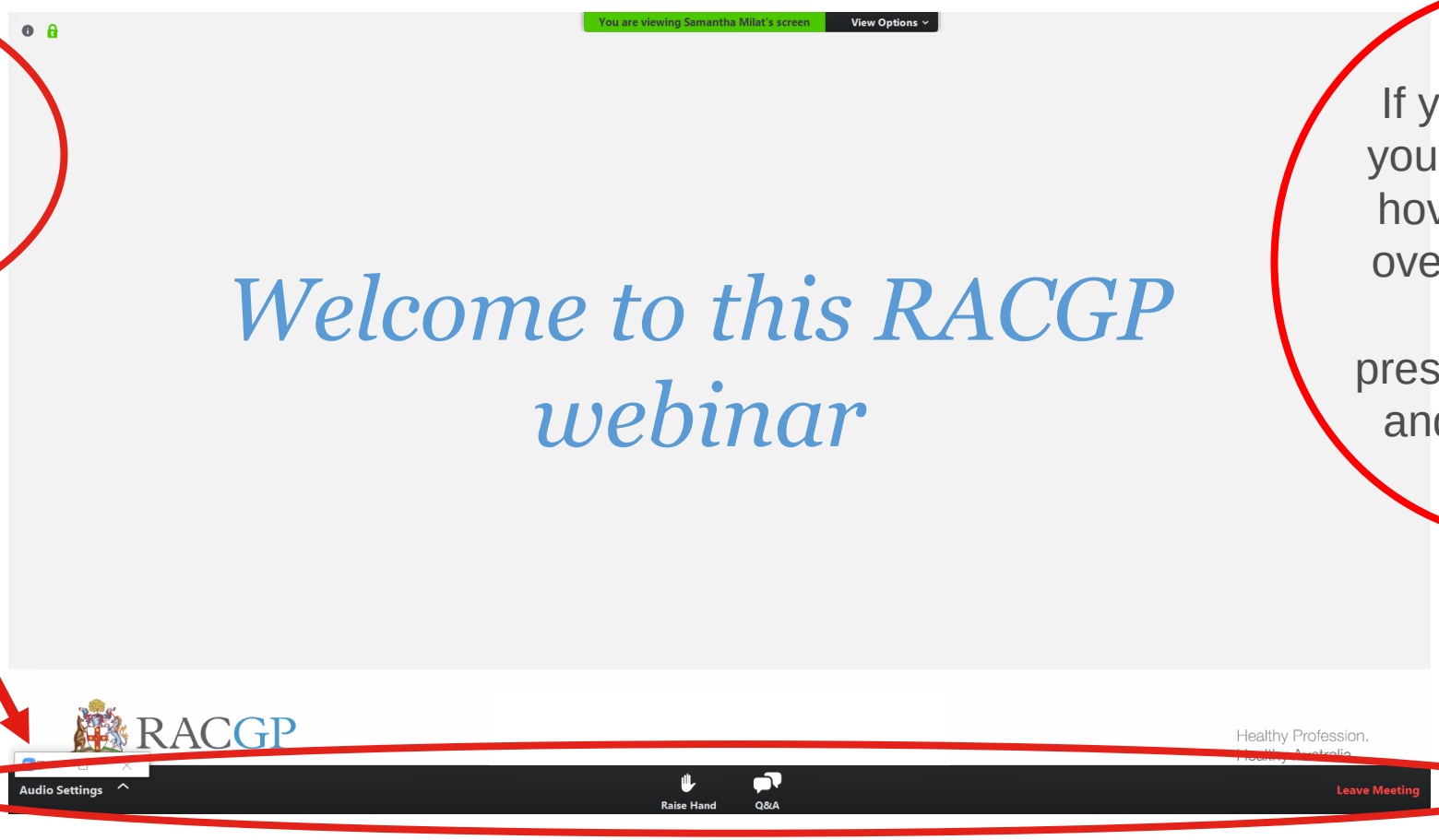
Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen



If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear

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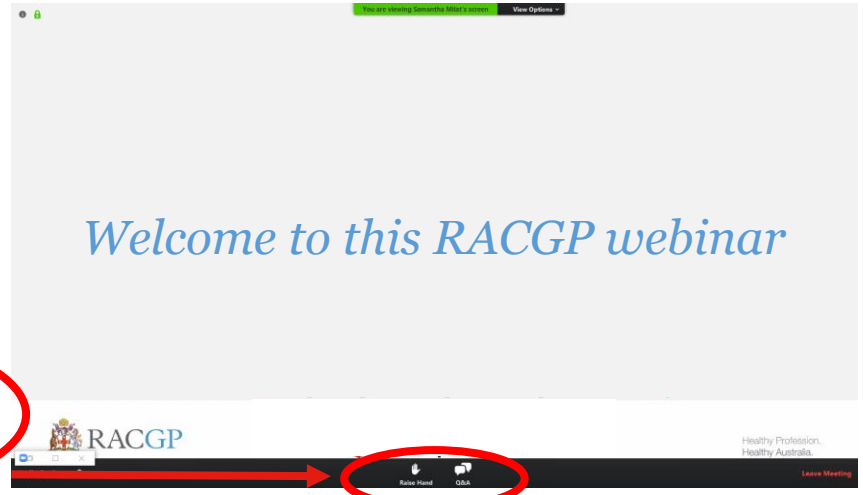
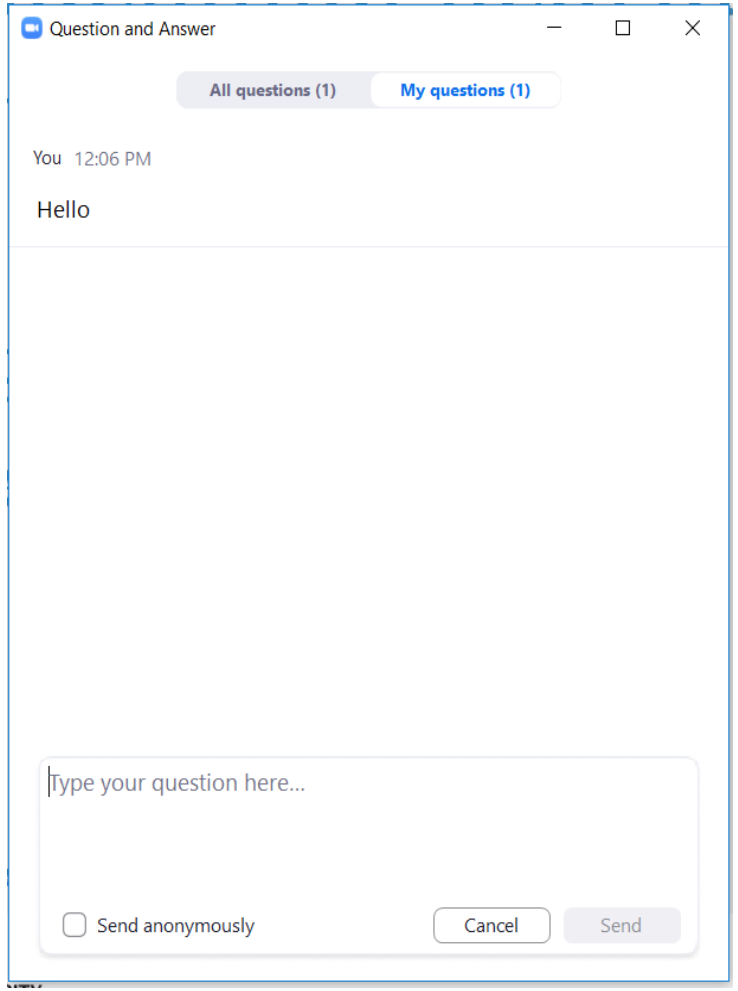
Listen only mode

You have been placed on “mute” to optimise the learning experience for you and your peers

Use the question box function to talk to us.





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EventsGPSI@racgp.org.au

Acknowledgment of country

I would like to acknowledge the traditional owners of the lands from where each of us is joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.

Presenters

Dr Lara Roeske
Chair - RACGPSI National Faculty
Gp Host & Facilitator

Dr Tim Senior
Medical advisor – Aboriginal and Torres Strait Islander Health Faculty

Dr Kym Collins
GP and Sexual Health Physician

Dr Michael Burke
Conjoint Associate Professor and GP
Sexual Health and HIV Clinic
Nepean Hospital

Dr Cara Sheppard
GP
Stirk Medical and
Puntukurnu Aboriginal Medical Service

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Learning outcomes

1.Define the risk factors for Syphilis and identify priority and high-risk groups in your practice

2.Extend skills to improve the diagnosis of primary syphilis and frequency of serological testing to detect very early syphilis

3.Interpreting correctly and consistently a range of Syphilis test results

4.Administering treatment protocols correctly, including long-acting Penicillin injection, reducing pain of treatment and multiple treatments

5.Support women and their sexual health during pregnancy to reduce the risk of congenital syphilis and adverse pregnancy outcomes

Dr Lara Roeske

BMedSc, MBBS (Hons), FRACGP, DipVen, MAICD

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GP waiting room

PATIENT ALERT

Please read before entering the practice

If you have **ANY** of these symptoms

- **Fever**
- **Cough**
- **Sore throat**
- **Shortness of breath**

Please do not enter the practice

Call reception on

You will be asked some questions and provided information on what to do next.

This will help protect the health and safety of you and others.

Thank you for your cooperation.

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Updated 15 April 2020, version 9

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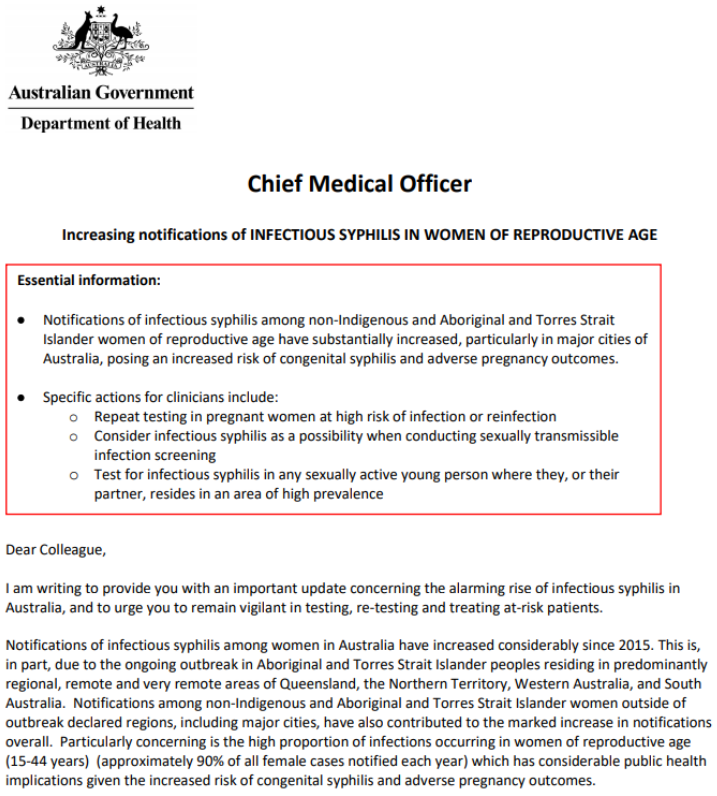
COVID has obscured an emerging and alarming Syphilis epidemic expanded across the whole of Australia

- On 22nd October 2021 Health Minister's advisory committee on BBV & STI met at a Syphilis Roundtable to discuss concerning data and information
- Australia not on track to meet WHO 2030 targets
- Syphilis continues to increase across Australia at an alarming rate
- Recently significant changes to the epidemiology and geography of Syphilis
- As Australia emerges from COVID more opportunities for travel, new partners & casual sex
- Undiagnosed and untreated Syphilis can be lethal and catastrophic



Australian Government
Department of Health

Chief Medical Officer

Increasing notifications of INFECTIOUS SYPHILIS IN WOMEN OF REPRODUCTIVE AGE

Essential information:

- Notifications of infectious syphilis among non-Indigenous and Aboriginal and Torres Strait Islander women of reproductive age have substantially increased, particularly in major cities of Australia, posing an increased risk of congenital syphilis and adverse pregnancy outcomes.
- Specific actions for clinicians include:
  - Repeat testing in pregnant women at high risk of infection or reinfection
  - Consider infectious syphilis as a possibility when conducting sexually transmissible infection screening
  - Test for infectious syphilis in any sexually active young person where they, or their partner, resides in an area of high prevalence

Dear Colleague,

I am writing to provide you with an important update concerning the alarming rise of infectious syphilis in Australia, and to urge you to remain vigilant in testing, re-testing and treating at-risk patients.

Notifications of infectious syphilis among women in Australia have increased considerably since 2015. This is, in part, due to the ongoing outbreak in Aboriginal and Torres Strait Islander peoples residing in predominantly regional, remote and very remote areas of Queensland, the Northern Territory, Western Australia, and South Australia. Notifications among non-Indigenous and Aboriginal and Torres Strait Islander women outside of outbreak declared regions, including major cities, have also contributed to the marked increase in notifications overall. Particularly concerning is the high proportion of infections occurring in women of reproductive age (15-44 years) (approximately 90% of all female cases notified each year) which has considerable public health implications given the increased risk of congenital syphilis and adverse pregnancy outcomes.

Urgent need to alert GPs - GPs are key to Syphilis control

- GPs see ~ 2,000,000 Australians each week
- Most STIs >90% diagnosed and managed in primary care
- Greatest opportunity exists for Syphilis control through early detection and effective treatment in the community
- Many GPs are unaware of the epidemic and may lack current experience in managing Syphilis
- The GPs crucial role in early detection, testing and re-testing & timely appropriate antibiotic treatment of Syphilis – the focus of this webinar

Syphilis in Aboriginal and Torres Strait Islander people

Dr Tim Senior

Medical advisor – RACGP Aboriginal and Torres Strait Islander Health

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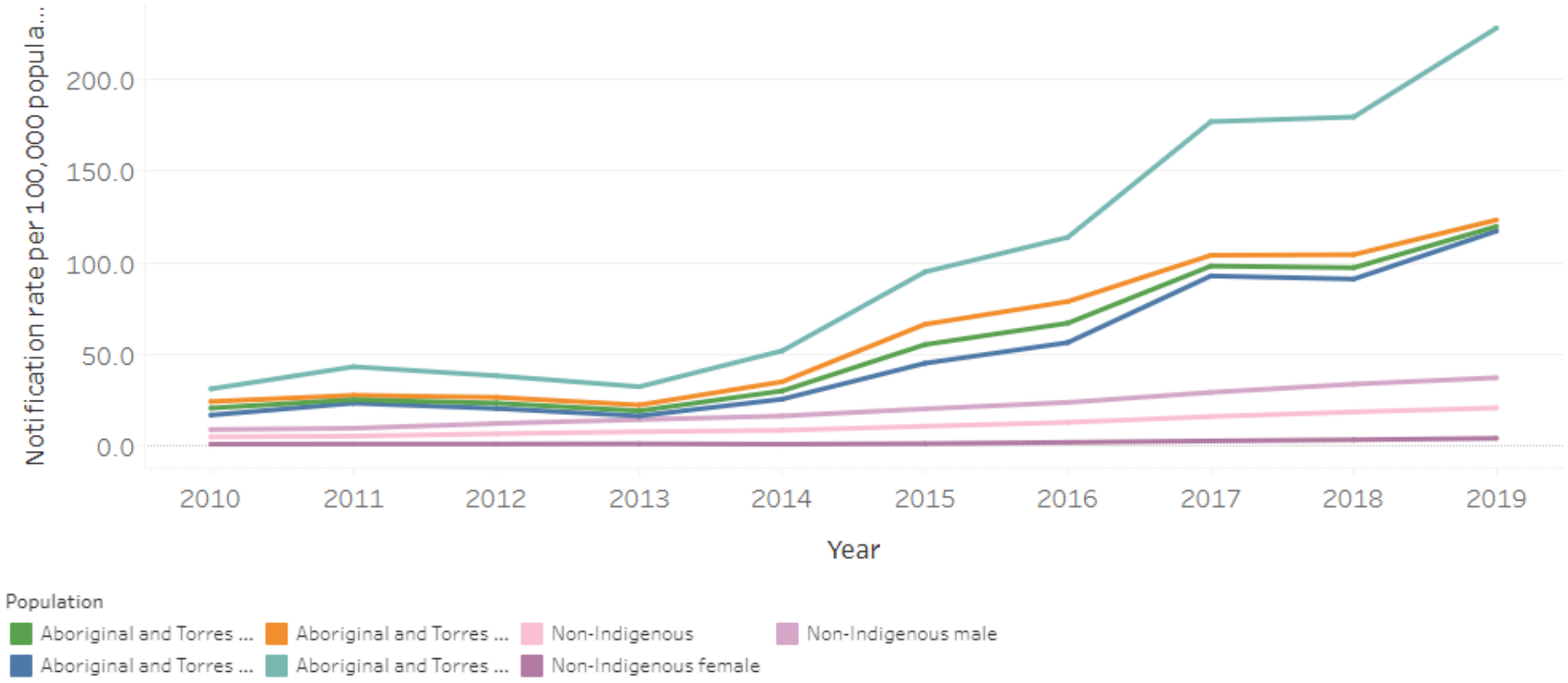
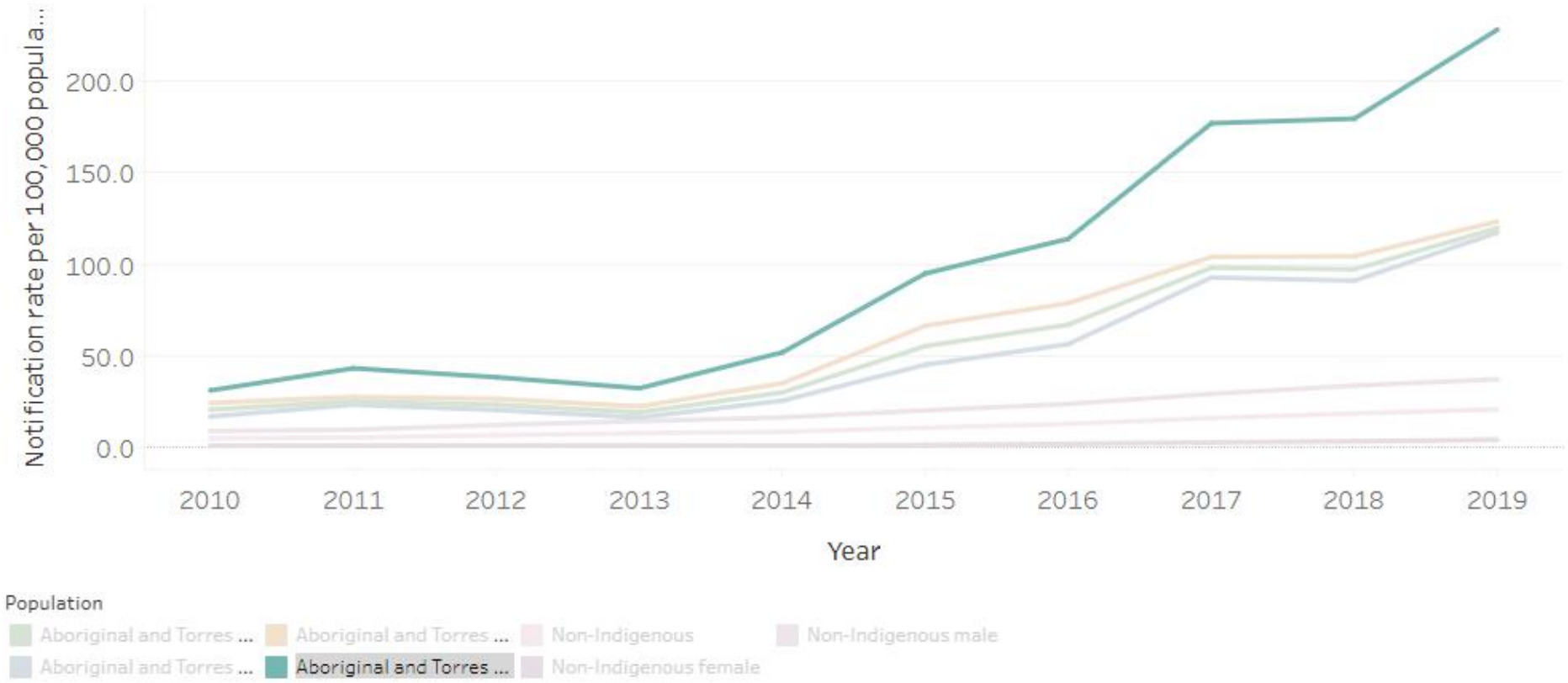
Notification rates per 100,000 population



Notification rates per 100,000 population



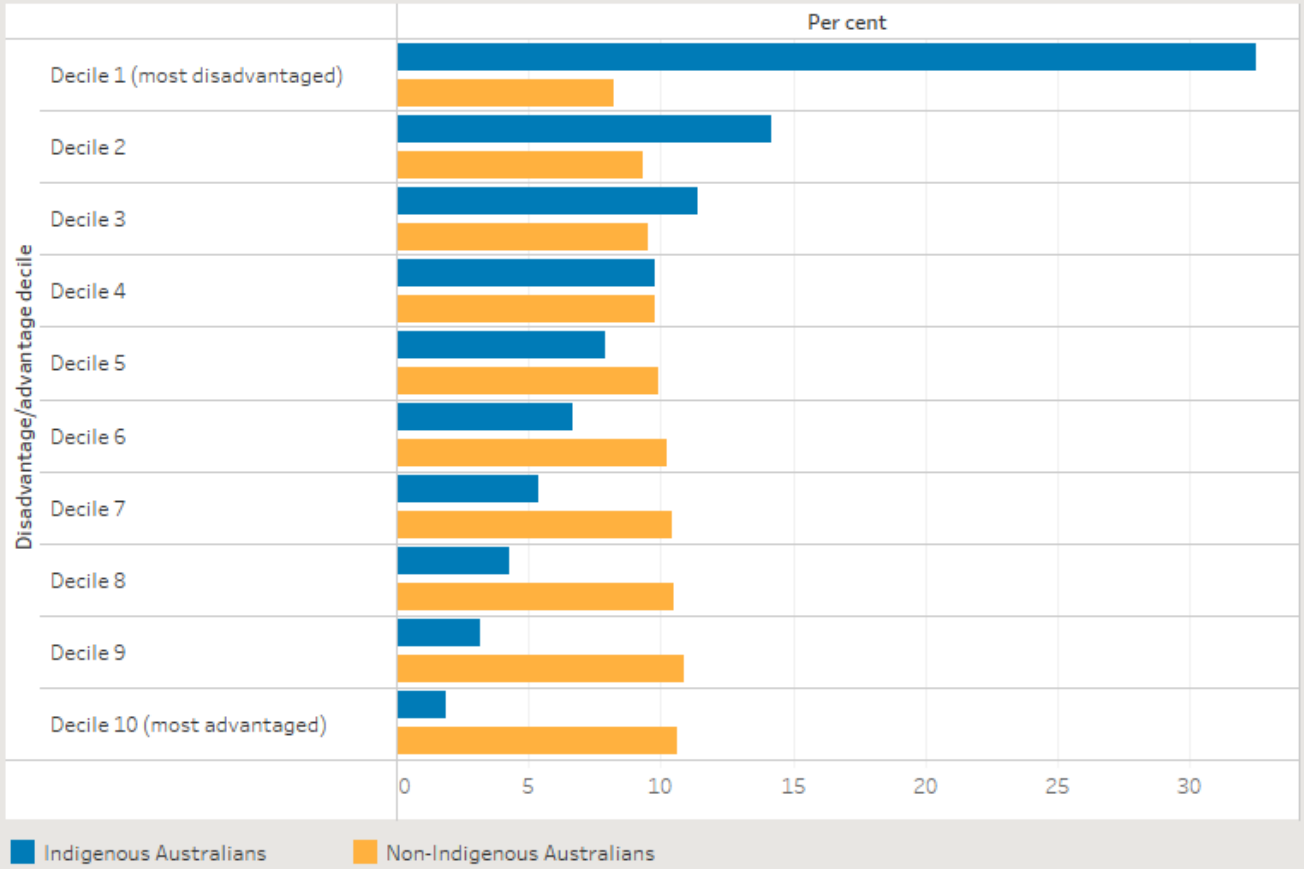
But why . . . ?

Exclusion

Racism, discrimination, stigma . . .

Choose a subtopic:
(●) Disadvantage/advantage decile
( ) Disadvantage/advantage quintile

Index of disadvantage, by disadvantage/advantage decile, 2016



Socio-Economic Indexes For Areas (SEIFA) bring together a composite measure of advantage and disadvantage at the regional level. They provide a broad basis for tracking progress in addressing Indigenous disadvantage across the spectrum of determinants of health.

Source: AIHW 2020. Aboriginal and Torres Strait Islander health performance framework report 2020. https://www.indigenoushpf.gov.au

BETTER TO KNOW

Factsheets Us Mob and HIV Website and Booklet

About STIs | List of STIs | Notify a partner | Been told? | Remind me | Service Directory | Clinics and AMSs

Better to Know

Better to Know is a sexual health resource for Aboriginal and Torres Strait Islander people. It provides information about common sexually transmitted infections (STIs), what to do if you have an STI and where to get tested. It contains information that deals with both men's and women's business.

We acknowledge and pay respects to Aboriginal and Torres Strait Islander people as the traditional custodians of the lands on which we work.

Have you had your 715 Health Check?

The 715 Health Check is an annual health

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Engaging vulnerable patients

- Every patient will have had a bad experience in a health service
- Every patient will have experienced judgement about their behaviour and decisions.

They may expect this to happen in your service too.

Engaging vulnerable patients

- Their life experiences and opportunities are likely to be very different to ours
- Need to understand life circumstances and decision making from their point of view.

Tips and tricks?

- ‘Do you have sex with men, women or both?’
- Find something to praise
- Guide people through your thought processes
- ‘Tell me what you know about . . .’
- ‘What will you tell your partner about . . .?

You will all have your own tips and tricks. Share them widely.

Syphilis Case studies

Dr Kym Collins and Dr Michael Burke

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Increasing notifications

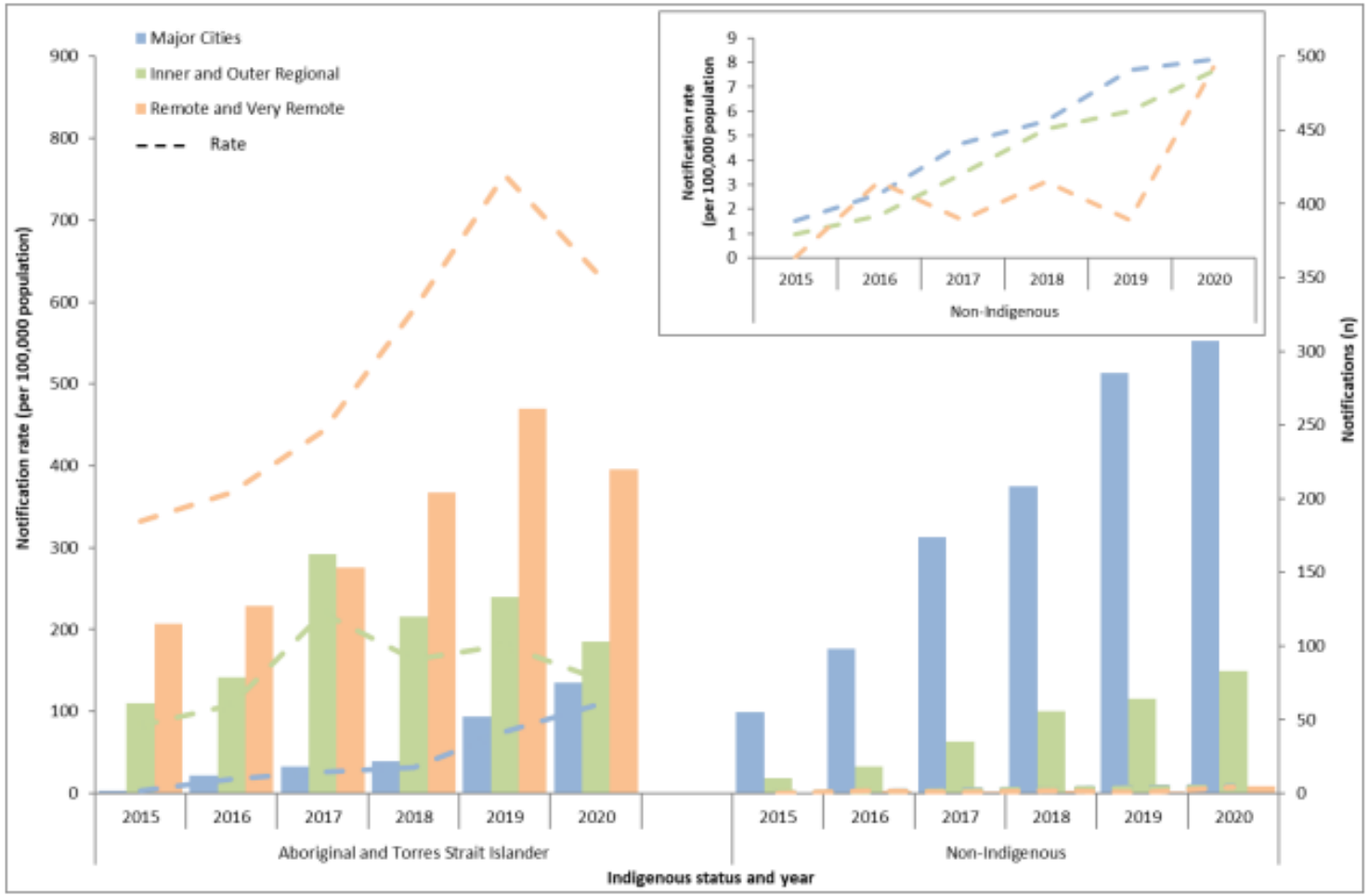

Figure 1: Infectious syphilis notifications[1] and notification rate (per 100,000 population) in females of reproductive age (15-44 years) by Indigenous status, remoteness area[2] and year, 2015 – 2020 (inset: infectious syphilis notification rate in non-Indigenous females)

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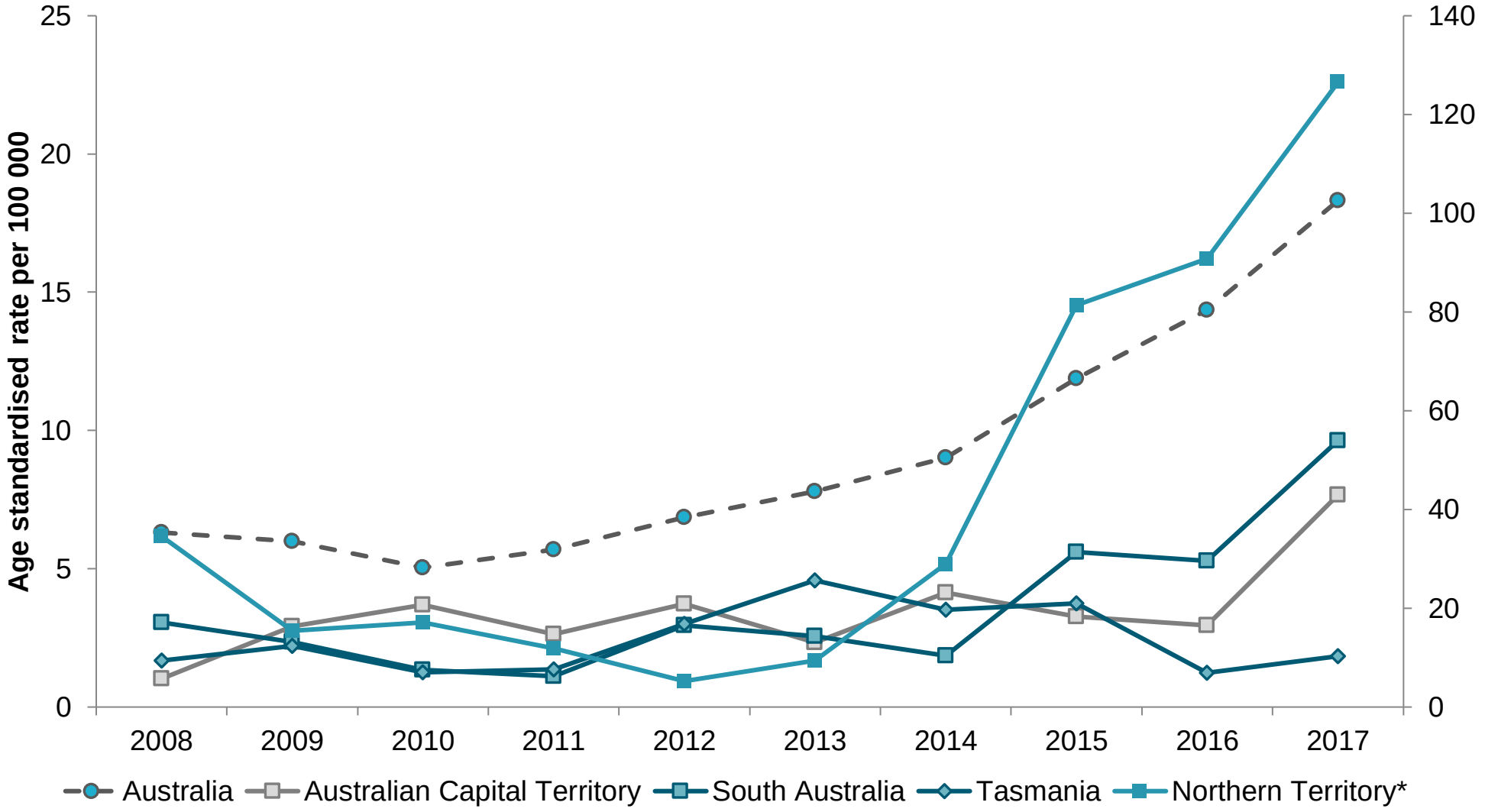
Increase in infectious syphilis

- **majority are men** who have sex with men (MSM), many are HIV +ve
- inner-city, major cities
- oral sex transmission ~30-50%
- up to 50% asymptomatic
- reinfection common (~10%)

- increases in remote/regional **Aboriginal and Torres Strait Islander communities** and cases of congenital syphilis
- multi-jurisdictional syphilis outbreak (MJSO)

- scattered clusters in young, **non-indigenous heterosexuals** in major cities

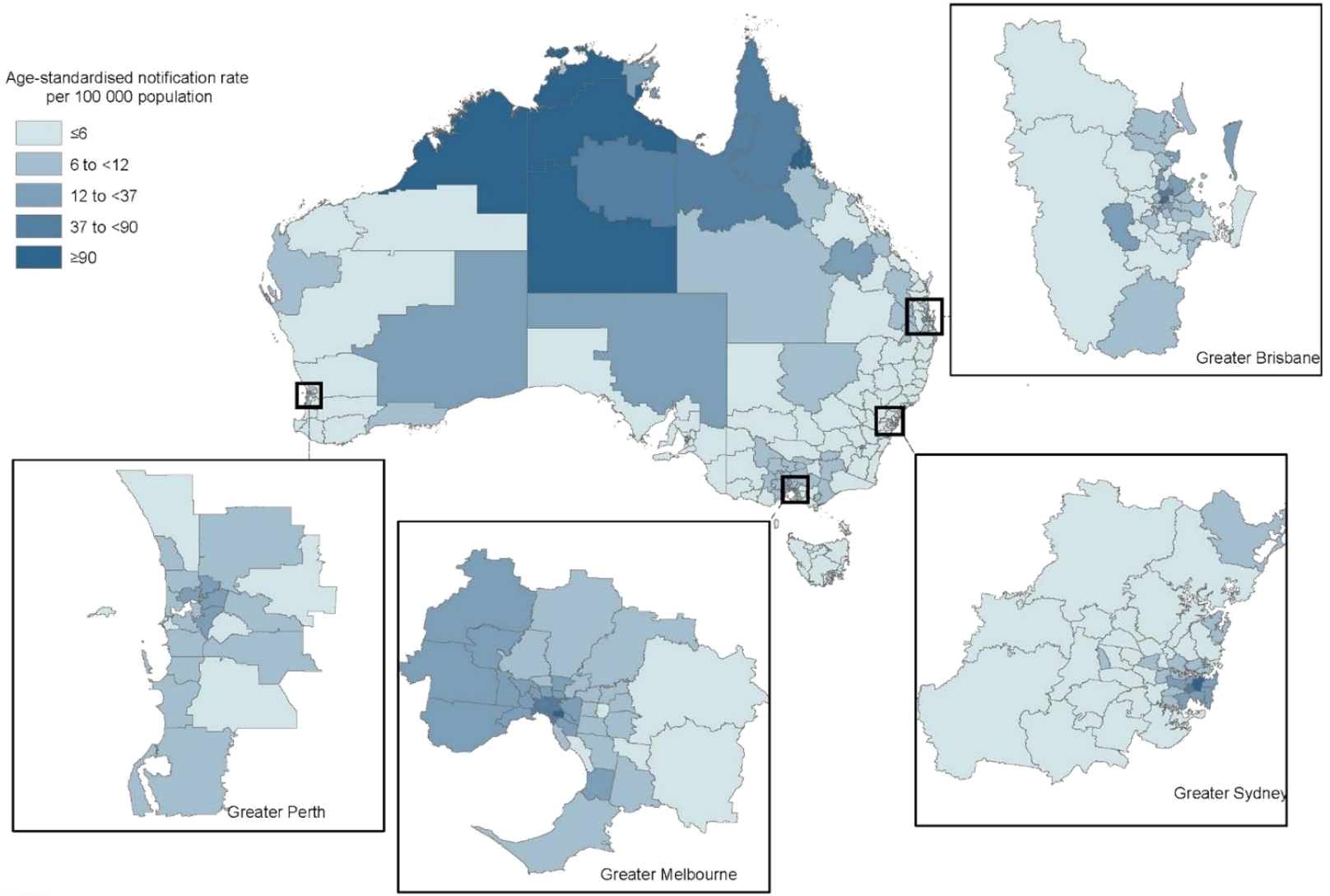
Infectious syphilis notification rate per 100,000 (2008–2017) – by state/territory



Note: The Northern Territory is displayed on the right-hand vertical axis.

Source: Australian National Notifiable Diseases Surveillance System

Average age-standardised infectious syphilis notification rate per 100,000 population – By statistical area level 3 (2015–2017) – Australia and major cities



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Note: Average infectious syphilis notification rates for the three-year period 2014–2016 were used to minimise the influence of fluctuation in the number of infectious syphilis diagnoses.

Source: Australian National Notifiable Diseases Surveillance System

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Syphilis symptoms depend on the stage of infection

- **Primary** – (9 – 90 days, average three weeks)
- **Secondary** - (six weeks – 6 months)
- **Latent**
  - early <one – two years
  - late >one – two years
- **Tertiary** - (three – 20+ years)

Early infectious

Late non-infectious

Syphilis tests are challenging

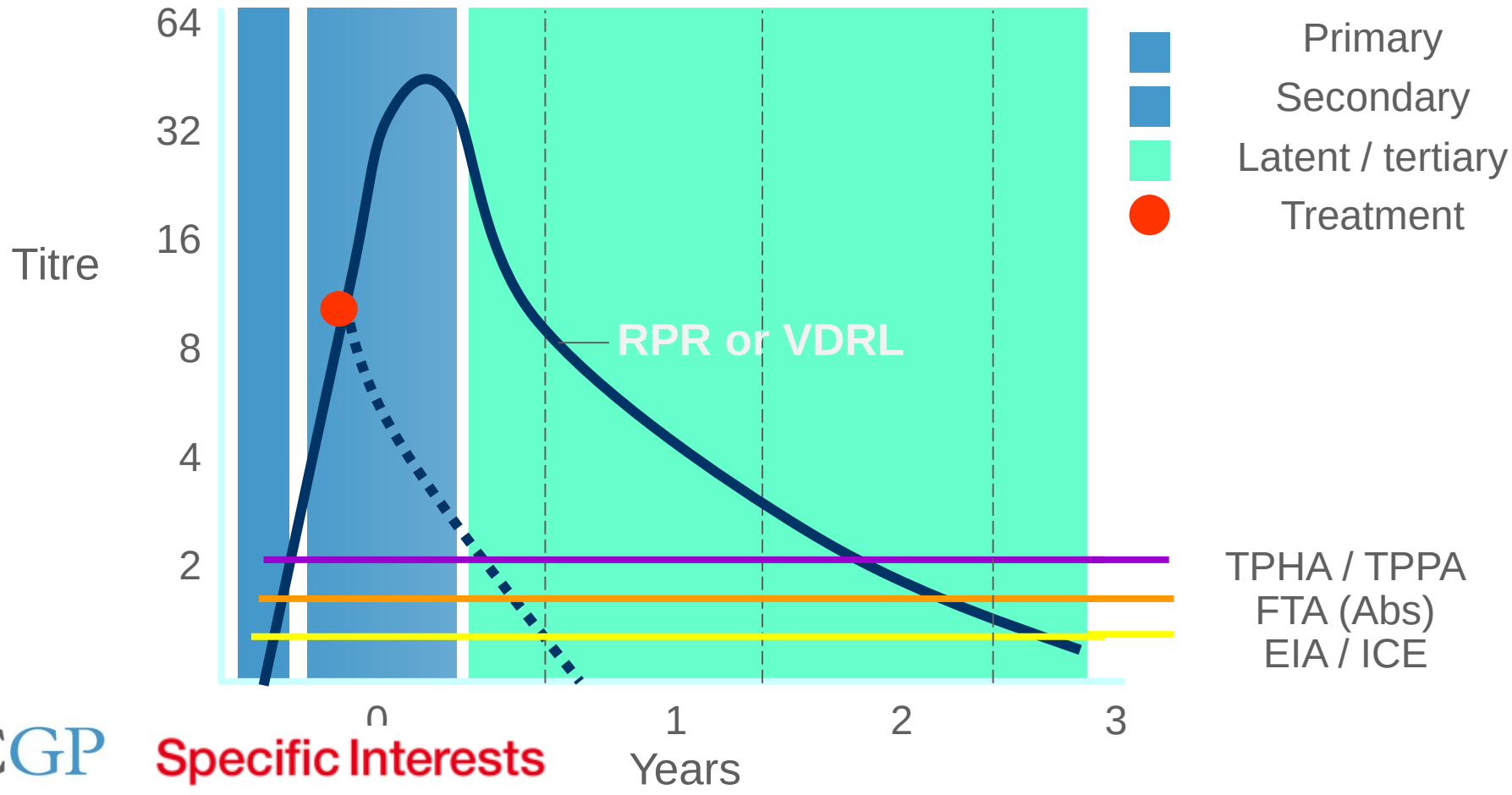
- SCREEN – syphilis CMIA, syphilis ICE, FTA Abs
- Be familiar with what your lab uses
- STS: Serological tests for syphilis

If reactive lab will automatically →

- TPPA / TPHA – Treponema specific test
- VDRL = RPR degree of activity

- VDRL/RPR are used to document success of treatment and indicate reinfection

Syphilis (treponemal) serology



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Case 1 – Georgia

- 18-year-old, goes to see her GP October 2020
- First pregnancy – very excited
- Routine AN screening at eight weeks

- Syphilis ICE Reactive
- TPPA reactive
- RPR 1:32
- No previous serology available, no symptoms

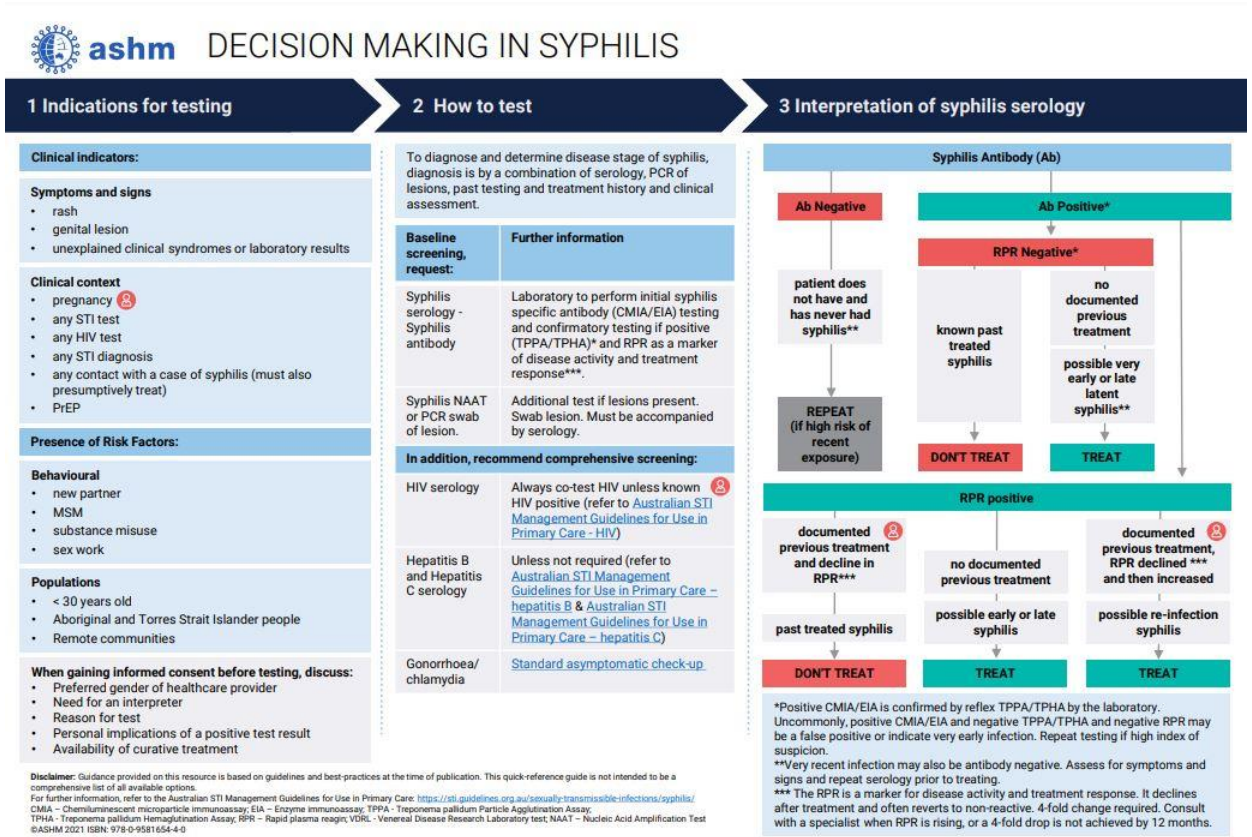
- GP gets the runaround – AN clinic, O&G
- Public Health Unit

Practice tip

- Who is your ‘brains-trust’ for sexual health?
- What easy to get at resources do you use?

- ASHM syphilis decision making tool
- Australian STI management guidelines
- Local public health unit / publicly funded sexual health clinic

Decision making in syphilis- ASHM tool



ashm DECISION MAKING IN SYPHILIS

1 Indications for testing

Clinical indicators:

Symptoms and signs
- rash
- genital lesion
- unexplained clinical syndromes or laboratory results

Clinical context
- pregnancy
- any STI test
- any HIV test
- any STI diagnosis
- any contact with a case of syphilis (must also presumptively treat)
- PrEP

Presence of Risk Factors:

Behavioural
- new partner
- MSM
- substance misuse
- sex work

Populations
- < 30 years old
- Aboriginal and Torres Strait Islander people
- Remote communities

When gaining informed consent before testing, discuss:
- Preferred gender of healthcare provider
- Need for an interpreter
- Reason for test
- Personal implications of a positive test result
- Availability of curative treatment

2 How to test

To diagnose and determine disease stage of syphilis, diagnosis is by a combination of serology, PCR of lesions, past testing and treatment history and clinical assessment.

Baseline screening, request:	Further information
Syphilis serology - Syphilis antibody	Laboratory to perform initial syphilis specific antibody (CMIA/EIA) testing and confirmatory testing if positive (TPPA/TPHA)* and RPR as a marker of disease activity and treatment response***.
Syphilis NAAT or PCR swab of lesion.	Additional test if lesions present. Swab lesion. Must be accompanied by serology.
In addition, recommend comprehensive screening:	
HIV serology	Always co-test HIV unless known HIV positive (refer to Australian STI Management Guidelines for Use in Primary Care - HIV)
Hepatitis B and Hepatitis C serology	Unless not required (refer to Australian STI Management Guidelines for Use in Primary Care – hepatitis B & Australian STI Management Guidelines for Use in Primary Care – hepatitis C)
Gonorrhoea/ chlamydia	Standard asymptomatic check-up

3 Interpretation of syphilis serology

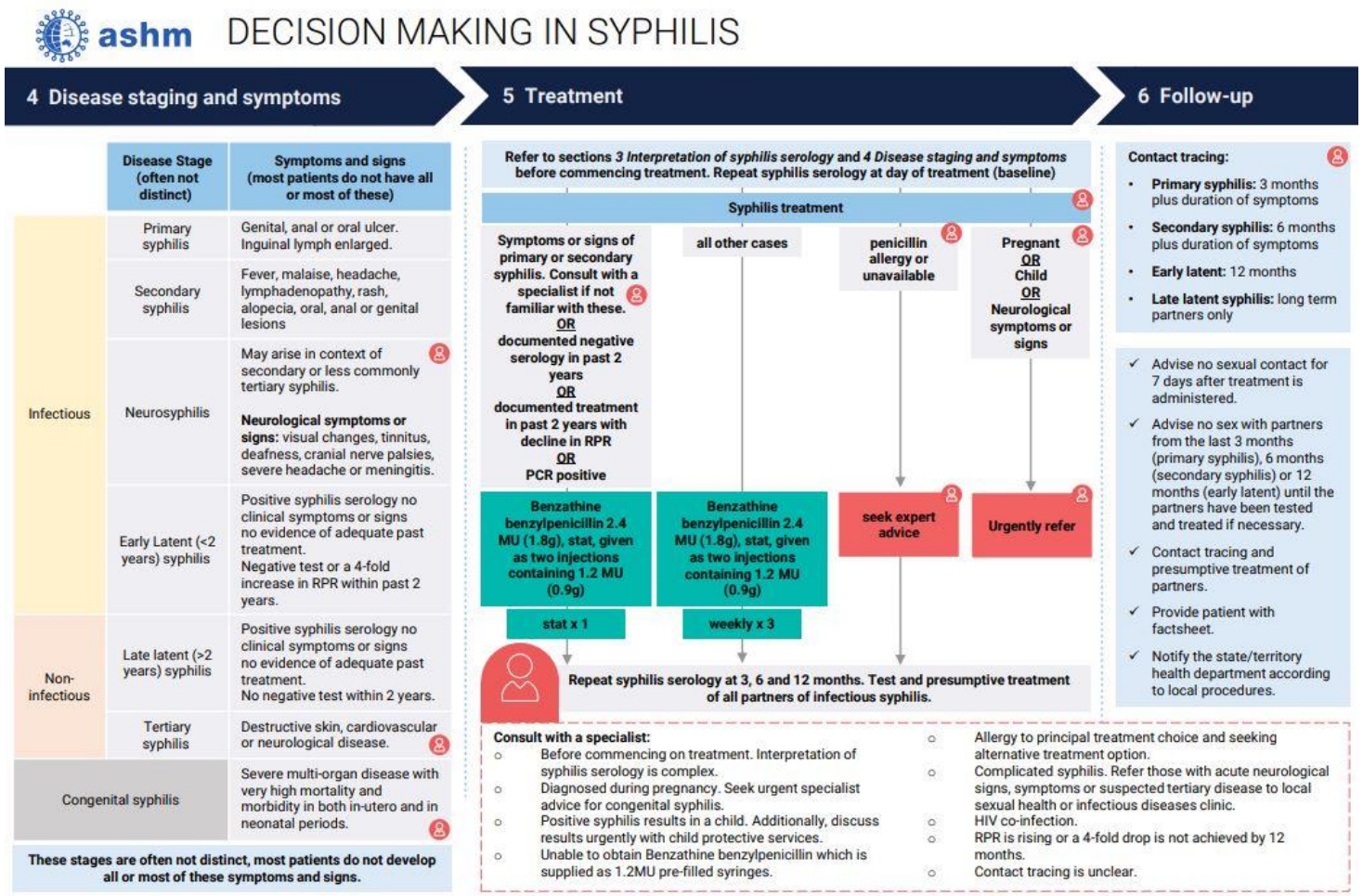
Syphilis Antibody (Ab)

- Ab Negative → patient does not have and has never had syphilis** → REPEAT (if high risk of recent exposure)
- Ab Positive* → RPR Negative*
  - known past treated syphilis → DON'T TREAT
  - no documented previous treatment → possible very early or late latent syphilis** → TREAT
- Ab Positive* → RPR positive
  - documented previous treatment and decline in RPR*** → past treated syphilis → DON'T TREAT
  - no documented previous treatment → possible early or late syphilis → TREAT
  - documented previous treatment, RPR declined *** and then increased → possible re-infection syphilis → TREAT

*Positive CMIA/EIA is confirmed by reflex TPPA/TPHA by the laboratory. Uncommonly, positive CMIA/EIA and negative TPPA/TPHA and negative RPR may be a false positive or indicate very early infection. Repeat testing if high index of suspicion.
**Very recent infection may also be antibody negative. Assess for symptoms and signs and repeat serology prior to treating.
*** The RPR is a marker for disease activity and treatment response. It declines after treatment and often reverts to non-reactive. 4-fold change required. Consult with a specialist when RPR is rising, or a 4-fold drop is not achieved by 12 months.

https://www.ashm.org.au/resources/sexual-health-resources-list/decision-making-in-syphilis/

Continued...



https://www.ashm.org.au/resources/sexual-health-resources-list/decision-making-in-syphilis/

STI Guidelines

sti.guidelines.org.au/sexually-transmissible-infections/syphilis/

Home Sexual history Contact Tracing Feedback

australian STI MANAGEMENT GUIDELINES FOR USE IN PRIMARY CARE

Standard Asymptomatic Check-up STIs Syndromes Populations & Situations ASRHA ashm

CONSULTATION DRAFT

*These revised guidelines are currently open for public consultation and have not yet been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS). To provide input to the consultation on any aspect of the guidelines please **click here**.*

https://sti.guidelines.org.au/

Syphilis

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Back to Georgia . . .

- In a relationship with Jack,19, for three years
- On and off
- Both had casual sexual partners during a breakup in February 2020
- In May 2020 Jack presented to ED with penile sores
- RPR 1:8 . . . not followed up!
- Fragmented care

What happened?

Seen at Clinic 33, both treated, Jack's RPR 1:64

- Remainder of STI and BBV screen clear
- Contact tracing . . . No CSP were seen or treated despite extensive efforts. Tip of iceberg

- Connected well with midwife services
- Advice for the remainder of the pregnancy?
- Serious risk of re-exposure
- Retest at 16, 28 and 36 weeks

Practice tip

- Syphilis contact tracing is best done by you and your practice nurse.
- You can hand over to your local PFSHC
- In NSW you can use Sexual Health Info Link for difficult contact tracing

Case 2 – Rob

- 37-year-old MSM
- Routine PrEP visit with GP
- Noticed a sore on his glans penis – but ‘not bothering’ him

- FTA Abs reactive
- TPHA reactive
- VDRL reactive
- What would you do next?

Rob (cont.)

- Examine the sore and swab for syphilis and herpes
- Treat as primary syphilis
- No sex until sore has healed
- CT all partners the last three months + duration of symptoms.
- Treat any partners presumptively
- Notify your local public health

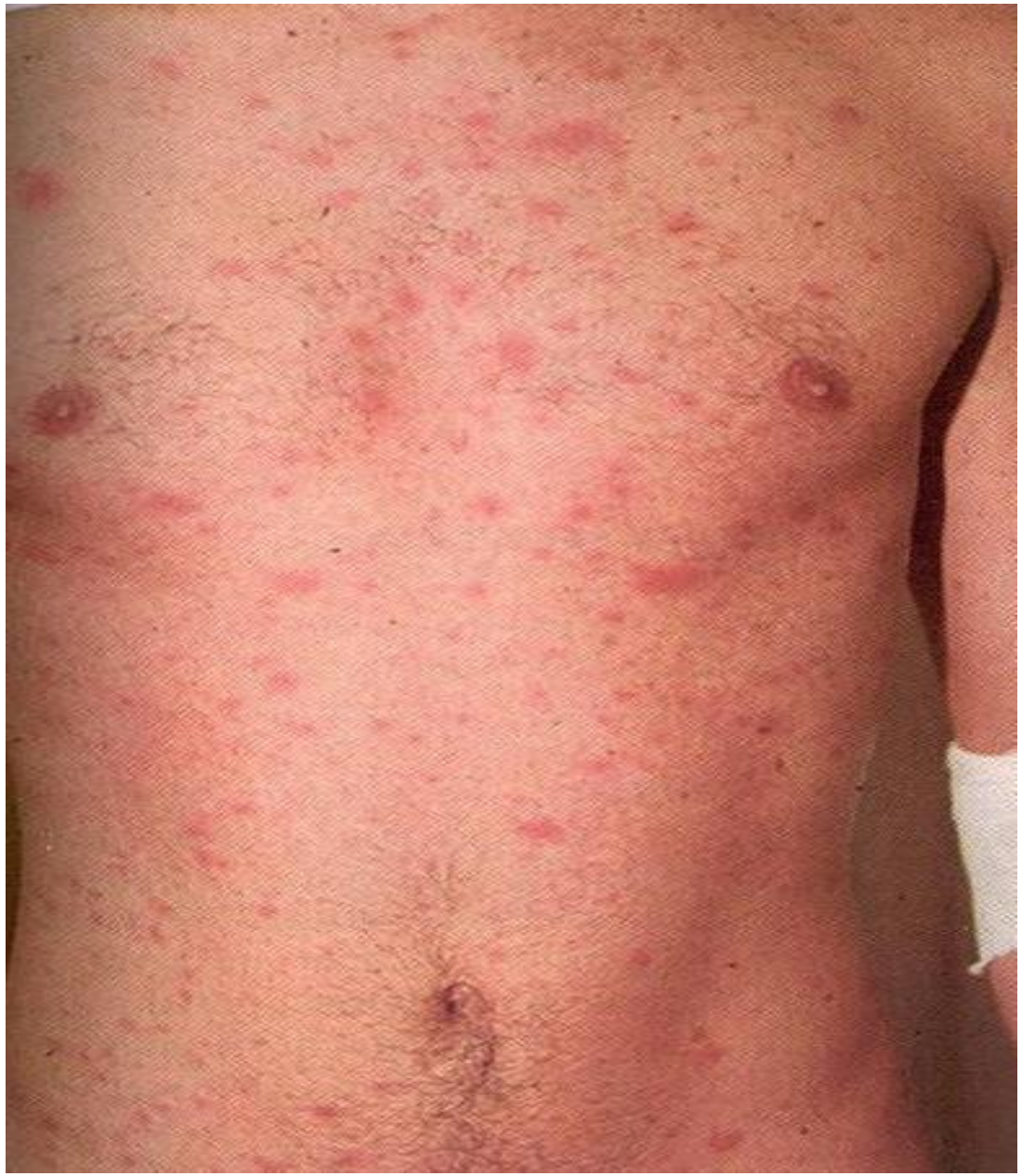
Practice tip

- Any contacts should be treated presumptively when seen – do not wait for their results.

- Nine to 90 days from exposure → symptoms
  (Warn re: Jarisch-Herxheimer reaction)

Case 3 – Jack

- 50-year-old heterosexual
- 30 female partners in the last six months
- Three months ago, painless sore on glans, treated with pawpaw ointment and it went away
- Noticed this rash . . .



Jack (cont.)

- FTA-Abs reactive
- TPHA reactive
- VDRL 1:256

- Secondary syphilis
- Treat with Benz Pen 2.4 M IU
- Check for other STIs
- Contact trace – six months + time of symptoms
- Report to local PHU

Practice tip – Rashes

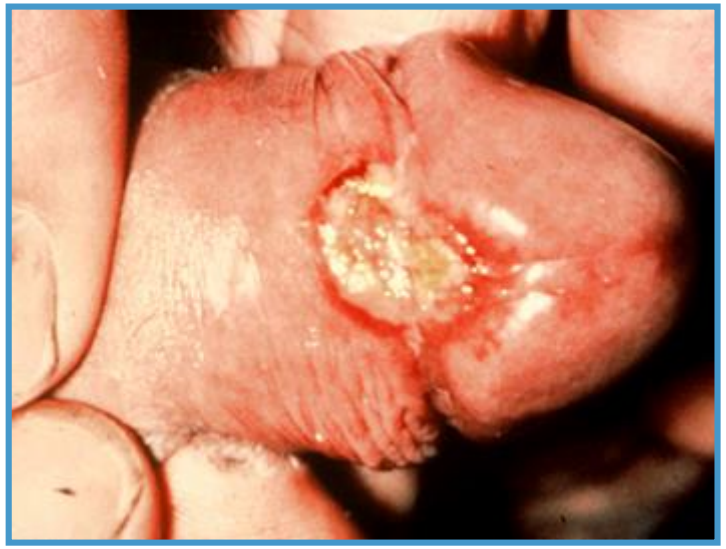
- Secondary syphilis (check palms and soles)
- Primary HIV infection
- EBV
- Fixed drug eruption
- Pityriasis rosea
- Other viral exanthema

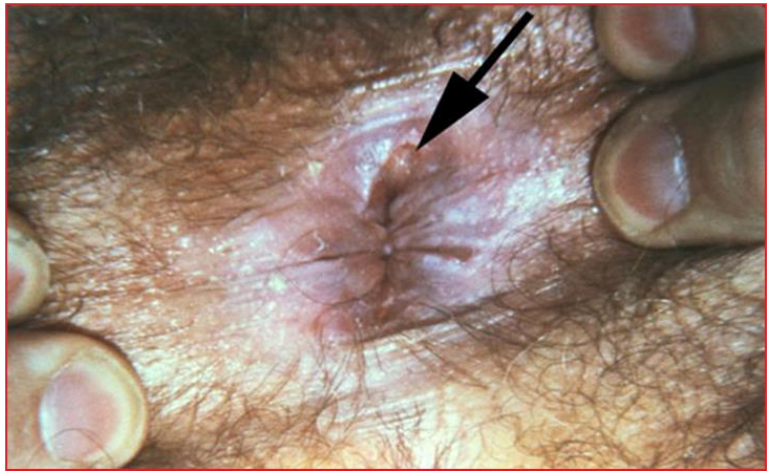
Syphilis – Think about it

- Genital lesions
- Rashes
- Neurological presentations
- Antenatal care
- Testing asymptomatic people in all STI screening that you do

Syphilis quiz – Identifying signs and symptoms

Identifying signs and symptoms





Question one:

A patient presents with lesions as shown in the photos. What tests are appropriate to order?

A. Urine chlamydia, trichomonas and gonorrhoea PCR

B. HIV, hepatitis B, hepatitis C and syphilis serology

C. Syphilis, herpes and donovanosis PCR

D. All of the above

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Identifying signs and symptoms

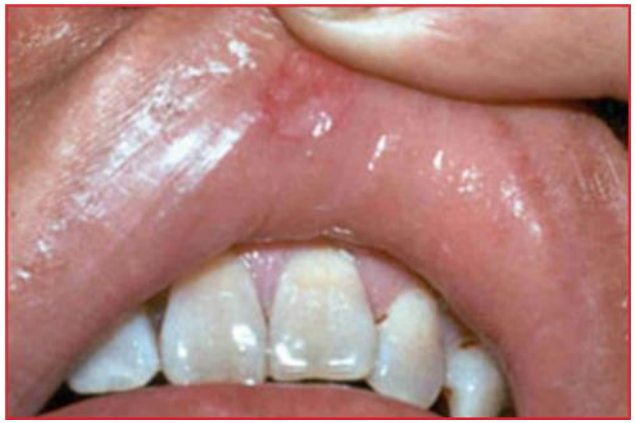
Question two:

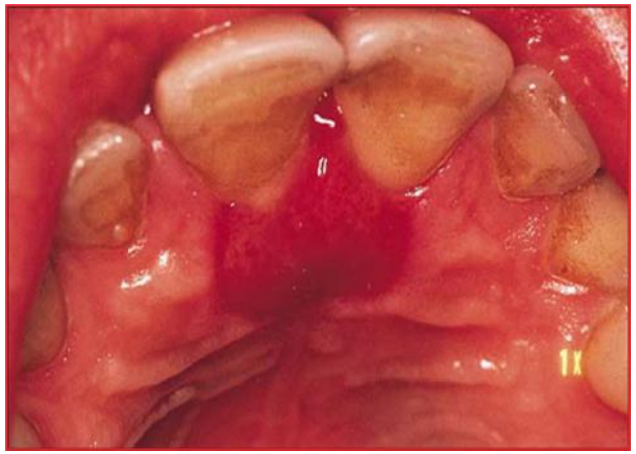
When swabbing the lesions in the photos, what kind of swab would you use?

A.

B.

Identifying signs and symptoms





Question three:

The lesions shown are signs of:

A. Tertiary syphilis

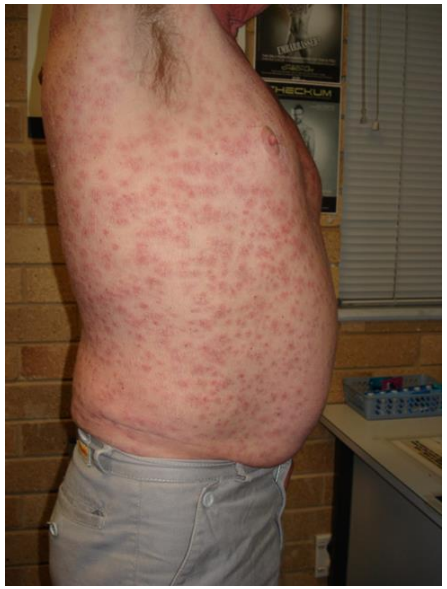
B. Latent syphilis

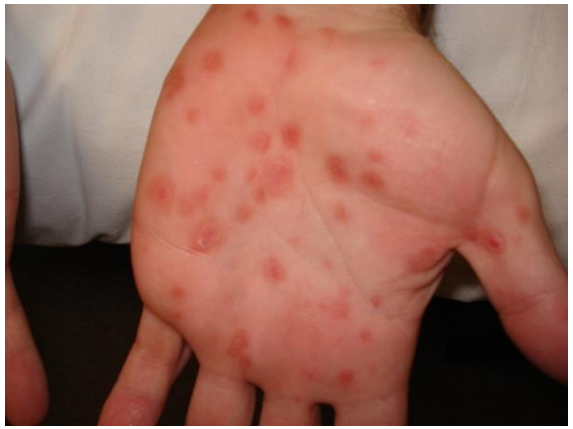
C. Primary syphilis

D. Oral herpes

Identifying signs and symptoms

Question four: A man presents with the following rash, and is investigated. He has no allergies. What is likely to be an appropriate treatment option for him?

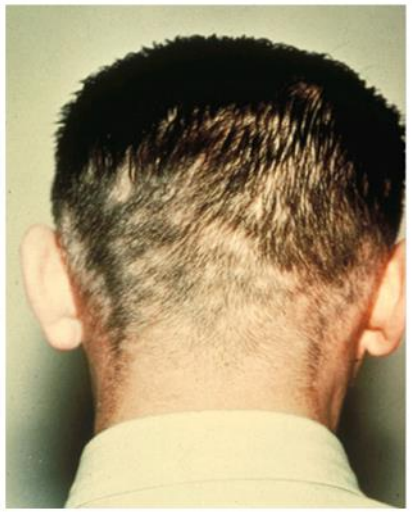


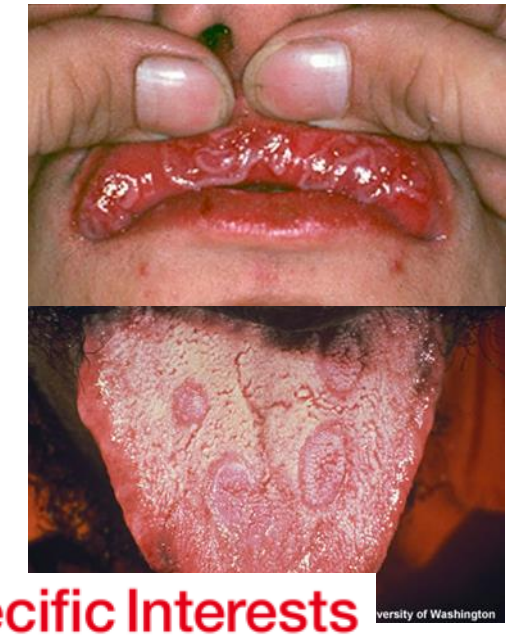


A. Long acting benzathine penicillin 1.8g (2.4 million units) given weekly for three weeks
B. Topical steroids
C. Oral doxycycline 100mg BD for 14 days
D. Long acting benzathine penicillin 1.8g (2.4 million units) as a single dose.

Identifying signs and symptoms

Question five: A man presents requesting a dermatology referral for his hair loss as pictured. You notice he also has some changes in his mouth and was seen recently with a non-specific febrile illness. How long ago is he likely to have contracted syphilis?

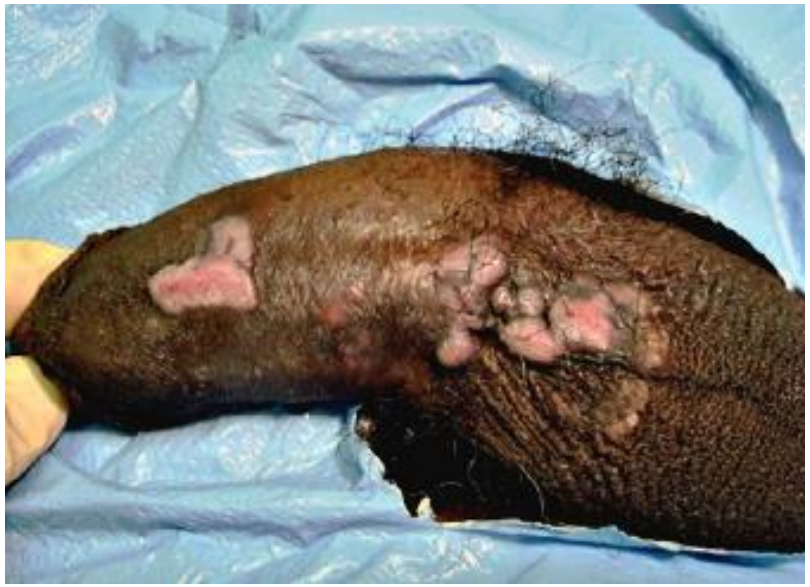




A. In the last month
B. Less than six months ago
C. At birth
D. Ten years ago

Identifying signs and symptoms

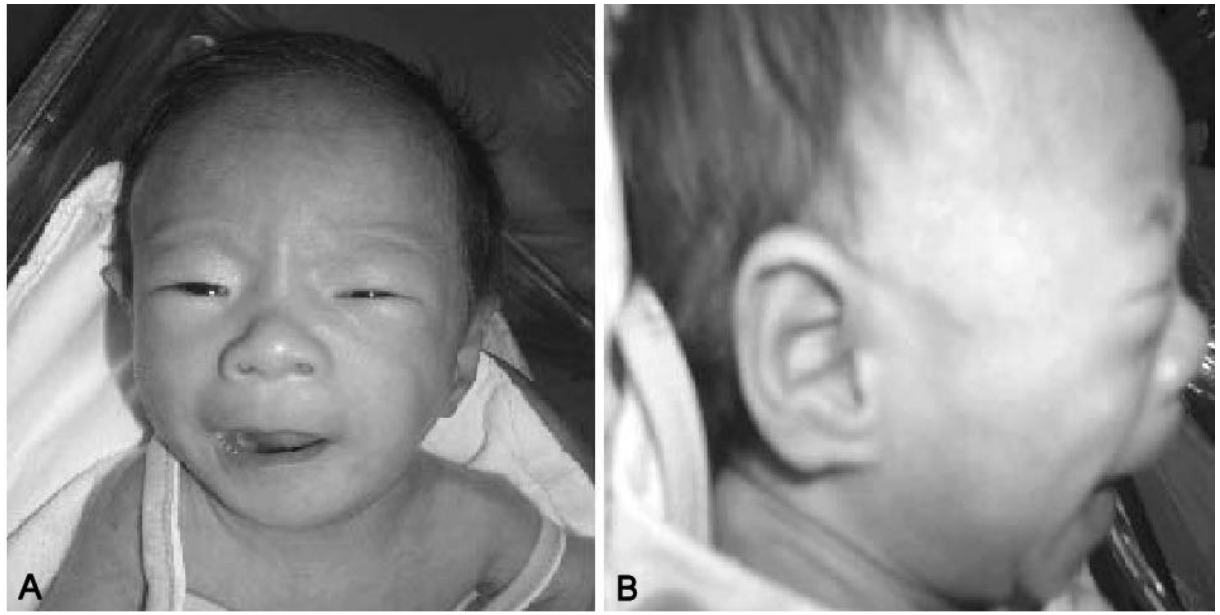
Question six: A man presents with the following lesions. He broke up with his long term partner ‘A’ three years ago, and was not sexually active again until four months ago when he had a brief relationship with person ‘B’. He then started a new relationship last week with person ‘C’. Who needs testing for syphilis?



A. This man only
B. This man, person ‘B’ and person ‘C’
C. This man, person ‘A’, person ‘B’ and person ‘C’
D. None of them

Identifying signs and symptoms

Question seven: A woman presents in labour with a concealed pregnancy. She had no antenatal care during the pregnancy, but reports that she was well and had no rashes or lesions. The baby is pictured. What is an important next step?



A. Test the mother for syphilis
B. Take a history of antenatal alcohol exposure
C. Normal postnatal care
D. A and B

Identifying signs and symptoms

Question eight: A 68-year-old man is brought in by his daughter with memory problems. He worked for many years in the merchant navy, was happily married with three children. His wife has passed away. You refer him to memory clinic and they ask that you do a number of bloods including syphilis serology. He comes back with a positive T pallidum total antibody and RPR of 2. He has never been tested for syphilis before. Which of the following are NOT likely to be present?

A. Condylomata lata
B. Aortic aneurysm
C. Hearing loss
D. Tabes dorsalis

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18 yr Male

- Picked up on routine screening
- No previous test on record
- Retrospectively added a test onto bloods taken in November last year and RPR was 4 then too
- Presumed latent, for three doses

Specimen: Serum Collected: 24/01/2022 15:40
Received: 27/01/2022 07:55

Test Name	Result	Flag	Ref-Range	Units
Syphilis Serology				
T. pallidum Total Ab (CMIA)	Detected			
TPPA	Positive (3+)			
RPR	4			

19 yr Male

- Confirmed reinfection

Syphilis Serology
T. pallidum Total Ab (CMIA) Detected
RPR 32
Syphilis Serology Comment
Comment see below
Suggests treponemal reinfection. An additional sample may show a further rise in RPR titre.
Patient syphilis testing history (selected results):
07/02/2022
RPR: 32
T. pallidum Total Antibody: Detected
18/10/2021
RPR: 4
T. pallidum Total Antibody: Detected
27/12/2020
RPR: 16
T. pallidum Total Antibody: Detected
TPPA: 3+

25 yr Female

- Ongoing re-testing
- On monthly LAB for RHD
- Treated 30/08/2019, then I treated again on 28/10/2021. ? adequate drop in RPR. ?
- Needs retreatment.

Specimen: Serum Collected: TPPA: 3+
17/02/2022 14:30 Received:
23/02/2022 03:39
T. pallidum Total Ab Detected
(CMIA)
RPR 32

28/10/2021
RPR: 64
29/07/2021
RPR 128
T. pallidum Total Antibody: Detected
07/09/2019
RPR:2048
T. pallidum Total Antibody: Detected
22/08/2019
RPR:256
T. pallidum Total Antibody: Detected

65 yr Female

- 65 yr old woman routine screening
- Her 92 yr old partner had to be treated too!

Syphilis Serology

T. pallidum Total Ab	NOT Detected	Detected
RPR		16
TPPA.		Detected(3+)

Comments

21/03/18 - T. pallidum Total Ab NOT Detected

GP How to Guide:

Penicillin Injection for the Treatment of Syphilis.

Dr Lara Roeske

lara.roeske@racgp.org.au

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GPs can treat & cure Syphilis

- ✓ Access to the right Penicillin formulation
- ✓ Use correct treatment dose
- ✓ Safest route for administration
- ✓ Recommended interval between doses
- ✓ # of doses is correct
- ✓ Allergies, pregnancy & complications
- ✓ Patient safety, education and comfort

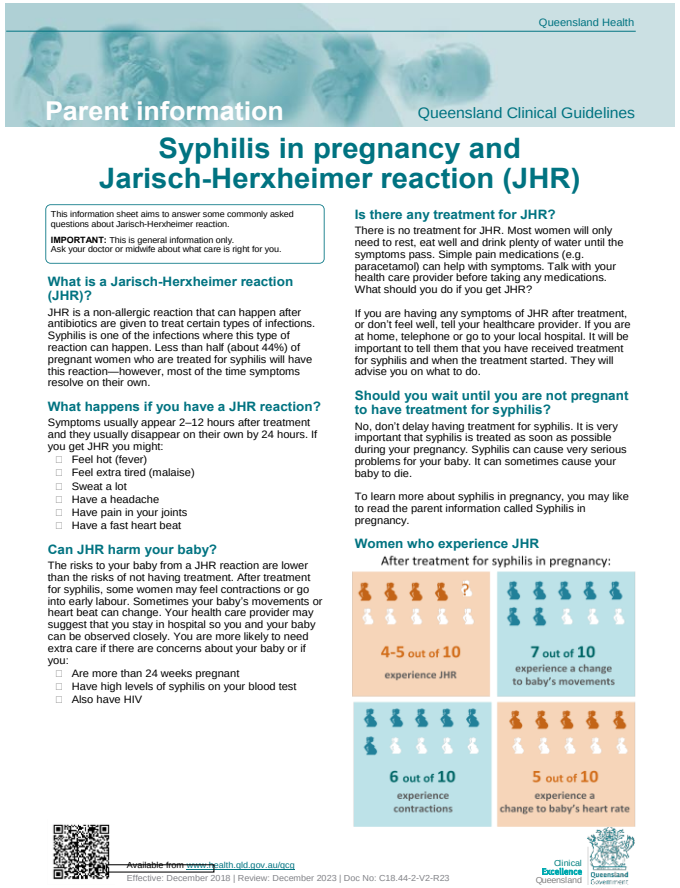
Preparing the patient

- Pre- and post treatment instructions
  - Health literacy
  - Culturally safe
- Verbal consent/document
- Offer a support person
- Allow sufficient time/ calm environment
- Check right patient & right medication
- Remain in clinic for observation after treatment
- Ice*

* The ICE trial A study protocol for a RCT of ice to reduce the pain of immunisation. AJGP Vol 51, No. 3, March 2022.

The Jarisch-Herxheimer (JHR) reaction

- is a transient non allergic reaction
- occurs in patients infected by spirochaetes who undergo antibiotic treatment
- not uncommon and usually resolves on its own.
- symptoms begin within 2 -12 hours after treatment
- include fever, malaise, sweats, headache, joint pains and elevated HR
- no definite treatment other than rest, plenty of fluids and paracetamol.



Queensland Health

Parent information

Queensland Clinical Guidelines

Syphilis in pregnancy and Jarisch-Herxheimer reaction (JHR)

This information sheet aims to answer some commonly asked questions about Jarisch-Herxheimer reaction.

IMPORTANT: This is general information only. Ask your doctor or midwife about what care is right for you.

What is a Jarisch-Herxheimer reaction (JHR)?

JHR is a non-allergic reaction that can happen after antibiotics are given to treat certain types of infections. Syphilis is one of the infections where this type of reaction can happen. Less than half (about 44%) of pregnant women who are treated for syphilis will have this reaction—however, most of the time symptoms resolve on their own.

What happens if you have a JHR reaction?

Symptoms usually appear 2–12 hours after treatment and they usually disappear on their own by 24 hours. If you get JHR you might:

- Feel hot (fever)
- Feel extra tired (malaise)
- Sweat a lot
- Have a headache
- Have pain in your joints
- Have a fast heart beat

Can JHR harm your baby?

The risks to your baby from a JHR reaction are lower than the risks of not having treatment. After treatment for syphilis, some women may feel contractions or go into early labour. Sometimes your baby's movements or heart beat can change. Your health care provider may suggest that you stay in hospital so you and your baby can be observed closely. You are more likely to need extra care if there are concerns about your baby or if you:

- Are more than 24 weeks pregnant
- Have high levels of syphilis on your blood test
- Also have HIV

Is there any treatment for JHR?

There is no treatment for JHR. Most women will only need to rest, eat well and drink plenty of water until the symptoms pass. Simple pain medications (e.g. paracetamol) can help with symptoms. Talk with your health care provider before taking any medications. What should you do if you get JHR?

If you are having any symptoms of JHR after treatment, or don't feel well, tell your healthcare provider. If you are at home, telephone or go to your local hospital. It will be important to tell them that you have received treatment for syphilis and when the treatment started. They will advise you on what to do.

Should you wait until you are not pregnant to have treatment for syphilis?

No, don't delay having treatment for syphilis. It is very important that syphilis is treated as soon as possible during your pregnancy. Syphilis can cause very serious problems for your baby. It can sometimes cause your baby to die.

To learn more about syphilis in pregnancy, you may like to read the parent information called Syphilis in pregnancy.

Women who experience JHR

After treatment for syphilis in pregnancy:

Available from www.health.qld.gov.au/qcg
Effective: December 2018 | Review: December 2023 | Doc No: C18.44-2-V2-R23

Clinical Excellence Queensland | Queensland Government

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The correct treatment dose

Each syringe contains 1.2M I.U. of Benzathine Penicillin G (BPG)

Do not mix, combine or reconstitute

For deep I**M** injection only

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The correct treatment dose

- **Treatment dose = 2.4 million I.U. of Benzathine Penicillin G (BPG)**
- Each syringe contains 1.2 million I.U of BPG
- 2 prefilled syringes = a treatment dose

- Primary, secondary or early latent Syphilis
  - x 1 treatment dose only
- Late latent or unknown duration
  - x 3 weekly treatment doses

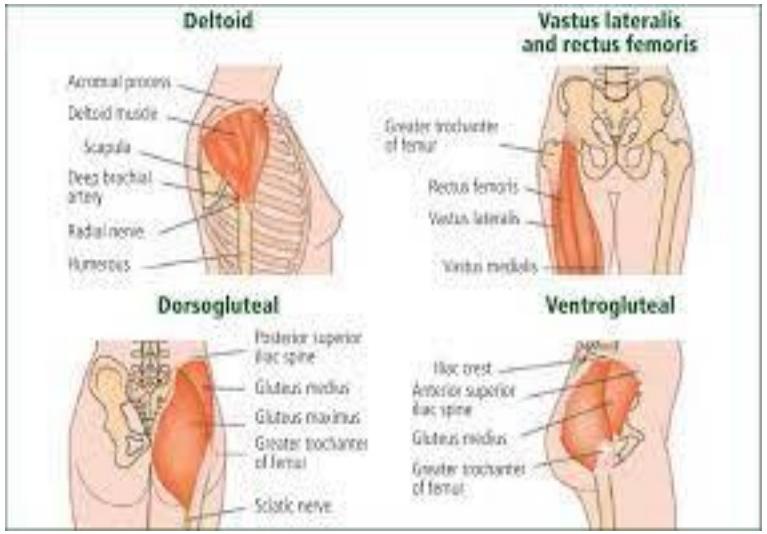
IM BPG Injection site(s) & technique

- Choice of site –GP experience, patient weight & age, practice policy/protocol, patient preference

- More muscle, less subcutaneous fat, free of large nerves/blood vessels

✓ **Ventrogluteal (VG)- recommended**
✓ Dorsogluteal (DG) – recommended
✓ Vastas Lateralis – acceptable but not commonly used
- Deltoid – NOT recommended

- Patient lying on side (VG) or prone (DG)



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IM BPG Injection site(s) & technique

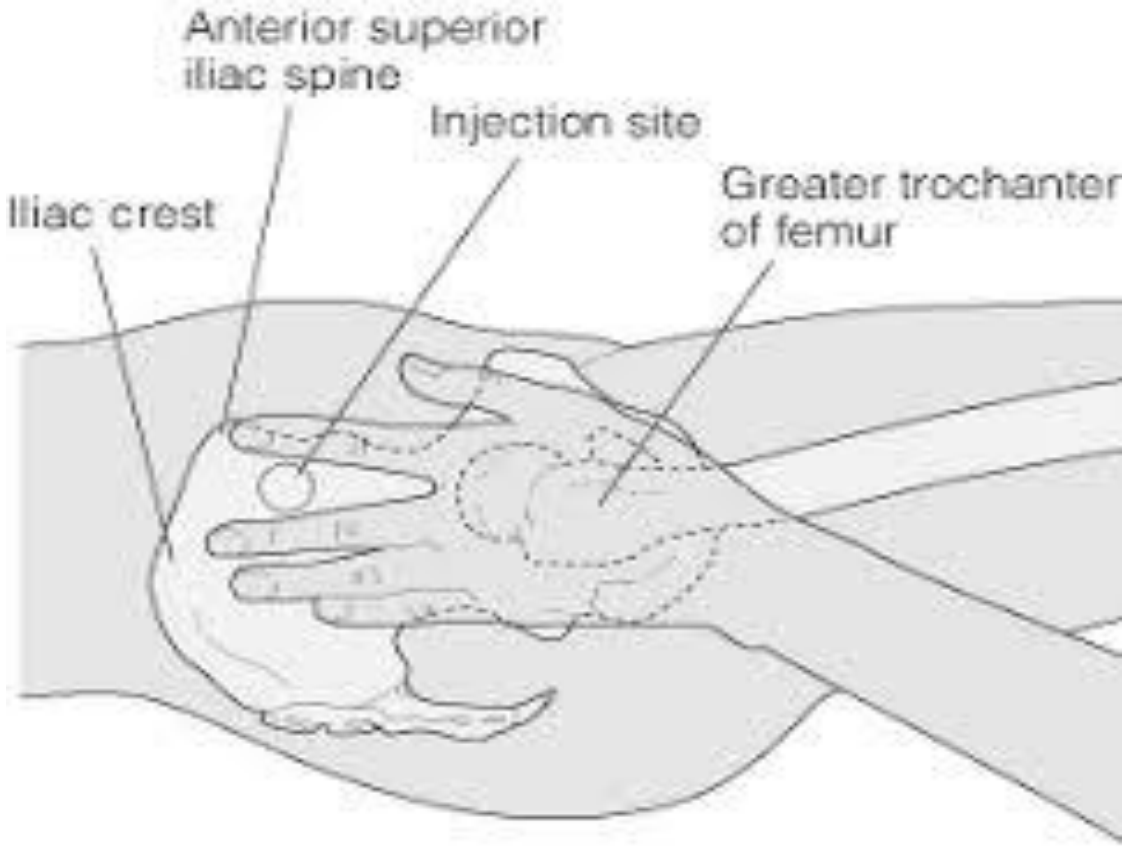
- Adequate time and calm environment
- Observe the patient throughout
- Distract the patient -wriggle toes/squeeze hand/whistle/hum/watch phone
- Use syringe cap to mark site on skin for injection
- Swab injection site site with alcohol
- Allow to dry before injecting
- Insert needle **90 degrees** to skin, aspirate before inject, come out same angle
- Injectable volume- reduce pain and increase absorption
- *Slowly* inject contents of **2** syringes at <u>separate</u> anatomical sites, via deep I**M** route
  - Simultaneous
  - Sequential

Table 1. **Injectable volumes per site in adults**

Site	Maximum volume
Ventrogluteal (recommended)	2.5ml
Vastus lateralis (recommended)	5ml
Deltoid	1ml
Rectus femoris	5ml
Dorsogluteal (not recommended)	4ml

Source: Adapted from Dougherty and Lister (2015)

The Ventrogluteal site (VG)



- Preferred site for IM injection
- Thicker muscle (gluteus medius)
- Thinner subcutaneous fat layer
- Fewer nerves and vessels
- Patient side lying
- Place your L hand on patients R hip (or vice versa)
- Use palm of you hand locate the greater trochanter of femur
- Index finger towards the ASIS
- Fan middle finger backwards along the iliac crest as far as possible
- Injection site is middle of triangle formed by your index and middle fingers

Access to Benzathine Penicillin G

- Pre-order for Doctors bag
- 10 pre-filled syringes = 5 doses
- Otherwise use a PBS script as expensive on private ~ $60 +
- Pharmacy no readily available stock/call ahead
- Keep refrigerated
- Room temperature preferred for injecting

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Special treatment situations

Situation	Recommended action
Complicated	Refer acute neurological, ophthalmic or suspected tertiary disease to local sexual health or infectious diseases clinic
Pregnant women	Seek specialist advice. Only penicillin has been shown to be effective, so those allergic should be desensitised and treated with penicillin.
Allergy to penicillin	Non-penicillin regimens less evidence than penicillin but have shown to be effective. Infectious Syphilis: Doxycycline 100mg PO, BD for 14 days Non-infectious Syphilis: Doxycycline 100mg PO, BD for 28 days
HIV co-infection	Discuss with sexual health specialist

Real-time clinical advice & support for GPs

Inadequate

Only one service nationally provides

- ✓ details for phone contact to a specialist clinician/ sexual health physician for GP clinical advice
- ✓ relevant details for operation - days/times
- ✓ within a minute of accessing the service website

VIC Melbourne Sexual Health Centre **1800 009 903 Monday to Friday 9am-1230, 1:30-5pm**

Useful links per State or Territory

Victoria Melbourne Sexual Health Centre
New South Wales Sydney Sexual Health Centre
NSW Health Sexual Health clinics search https://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx
Queensland Sexual Health Clinic Brisbane
QLD Sexual Health services search https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/services
Western Australia Royal Perth Hospital Sexual health service
Government of WA South Metropolitan Fremantle health service
Northern Territory Royal Darwin Hospital Clinic 34
NT Sexual Health services https://nt.gov.au/wellbeing/hospitals-health-services/sexual-health-services
South Australia - Adelaide Sexual Health Centre
Tasmania – Sexual Health Service Tasmania
ACT Canberra Sexual health Centre

Resources

www.health.gov.au/syphilis

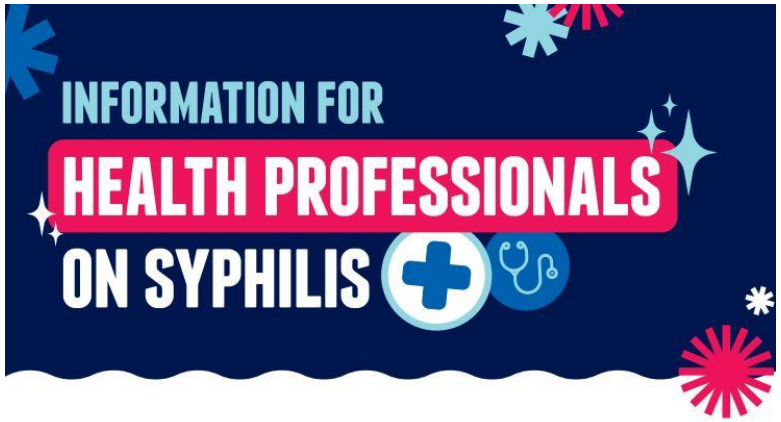
www.health.gov.au/resources/pregnancy-care-guidelines/ part-f-routine-maternal-health-tests/syphilis

www.sti.guidelines.org.au/sexually-transmissible-infections/syphilis

Jurisdictional notification requirements

https://syphilisoutbreaktraining.com.au/notification/

Contact tracing
Better to know https://www.bettertoknow.org.au/
Let them know https://letthemknow.org.au/
The drama down under https://www.thedramadownunder.info/



Syphilis is on the rise in Australia among men who have sex with men, women of childbearing age and Aboriginal and Torres Strait Islander peoples living in outbreak areas. You may see patients presenting at your clinic who require testing and treatment.

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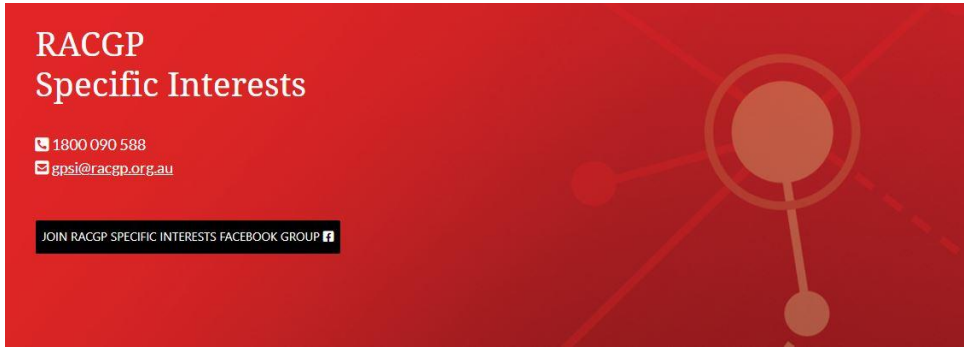
RACGP resources

[RACGP Red Book]

[RACGP Sexual Health Medicine Specific Interest Group]

https://www.racgp.org.au/the-racgp/faculties/specific-interests

GPSI@racgp.org.au



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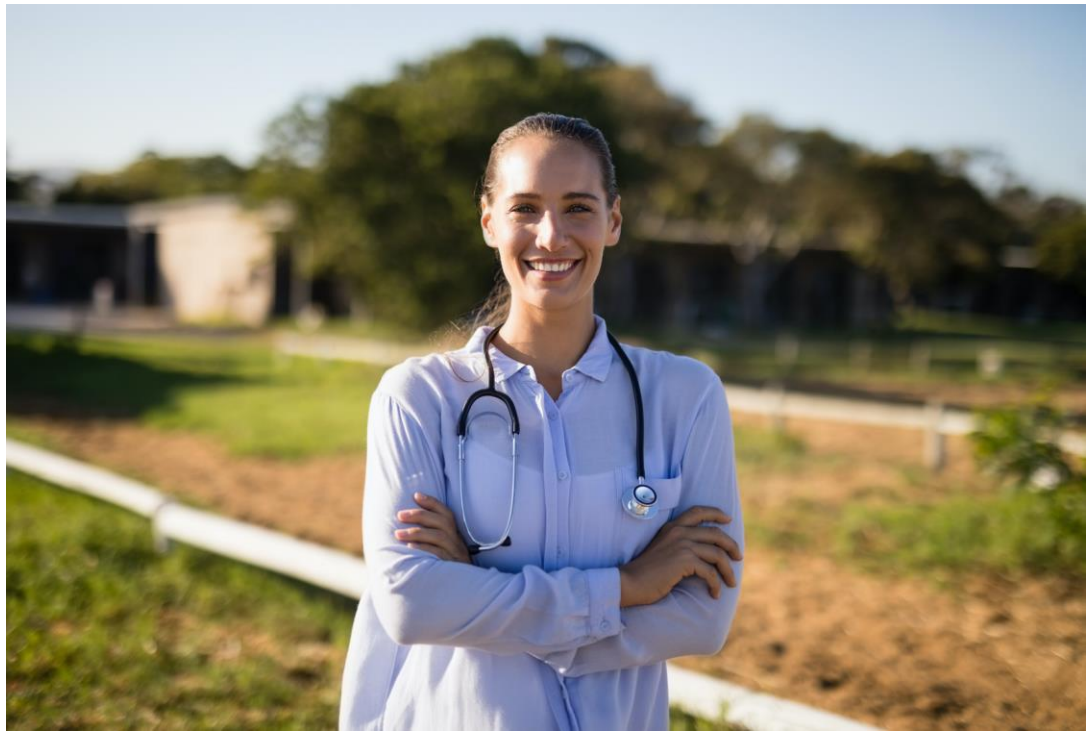
Overview –key messages

- Syphilis is back and is no longer a rare STI
- Consider Syphilis in all sexually active patients
- A routine STI check includes a test for Syphilis
- Take a sexual history for all patients at least annually
- Syphilis is easy to treat with antibiotics and cure if found early

✓Penicillin saves lives

✓Penicillin treats the unborn baby



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Overview – key messages

- For genital ulcers/lesions don't just think herpes test for Syphilis too
- Test all pregnant women at least once and more if at risk
- Pregnant + Syphilis = urgent referral/advice
- Congenital syphilis can be lethal and is preventable
- Include a sexual health check up as part of an annual women's/men's general check up
- culturally appropriate care, health literacy, destigmatise testing and treatment and address patient fear, anxiety, discomfort and pain

It has never been more important for GPs to detect

and treat Syphilis

Thank you

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A short interview…

Dr Cara Sheppard

Stirk Medical and
Puntukurnu Aboriginal Medical Service

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Q&A

Please type your question in the Q&A box below or upvote a favourite question

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